



YOUR GIFT MAKES A DIFFERENCE

Your generous gift will empower and support women and their children to end violence and abuse in their lives.

Please take a moment to fill out the form below so that we are able to keep you informed of how your gift will make a difference in our community.

Thank you for your support!

CONTACT INFORMATION			
First Name:			
Last Name:			
Organization/Company/School/Group Name:			
Address:			Suite/Apt/Unit:
City:	Province:	Postal Code:	
Home Phone:		Mobile Phone:	
Business Phone:			
Email:			
<input type="checkbox"/> Sign up to receive information by email from Sandgate Women's Shelter. You can unsubscribe anytime.			
<input type="checkbox"/> DONATION			
<input type="checkbox"/> Yes! I would like to make a gift to Sandgate Women's Shelter of York Region Inc. to support women and children fleeing violence and abuse in the community.			
Please accept my gift of:			
<input type="checkbox"/> \$35 <input type="checkbox"/> \$50 <input type="checkbox"/> \$75 <input type="checkbox"/> \$100 <input type="checkbox"/> \$150 <input type="checkbox"/> Other: \$ _____			
<input type="checkbox"/> I have enclosed a cheque payable to: Sandgate Women's Shelter of York Region Inc.			
<input type="checkbox"/> Please charge my credit card: <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> AMEX			
Credit Card No. _____ Expiry: ____/____			
CVV No. _____ Name on Card: _____			
Tax Receipt Requested (for donations of \$10 or more): <input type="checkbox"/> Yes <input type="checkbox"/> No			
<p align="center"> <u>Donations, including monthly donations, can also be made easily online.</u> <u>Please visit us at http://sandgate.ca/contribute/ and click on CanadaHelps.</u> </p>			

TRIBUTE GIFT

This gift is made (please check off) in honour in memory
of: _____

Please send notification of this contribution to the family or individual named below:

First Name _____ Last Name _____

Address _____

City _____ Province _____ Postal Code _____

Please include the following message in the notification:

SIGNATURE

Print Name:

Date:

Signature:

Please return this form to a Sandgate staff member or mail to:
Sandgate Women's Shelter of York Region Inc.
P.O. Box 248 Sutton West, ON L0E 1R0

Your privacy is important to us. Sandgate Women’s Shelter of York Region Inc. will use the information collected on this form for the purpose of acknowledging and processing your donation and if applicable, registering you for periodic e-newsletter and alerts. Sandgate Women’s Shelter of York Region Inc. will not share any personal information with other agencies or organizations.

Should you have any questions, please contact our Fund Development Officer at:
P: 905-251-4126 | LLY@sandgate.ca
Charitable Registration No. 136663812RR0001

Thank you for your support!

www.sandgate.ca
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@SandgateWomen

