



Donation Form

Your gift will empower and support women and their children to end violence and abuse in their lives.
Thank you for your generosity.

Contact Information

First Name: _____ Last Name: _____

Organization/Company/School/Group Name: _____

Address: _____

Suite/Apt/Unit: _____ City: _____ Prov: _____ Postal Code: _____

Phone Number: _____ ☐ Business ☐ Home ☐ Mobile

Alternative Number: _____ ☐ Business ☐ Home ☐ Mobile

Email: _____

Donation

☐ Yes! I would like to make a gift to Sandgate Women's Shelter of York Region Inc.

Please accept my gift of:

☐ \$30 ☐ \$50 ☐ \$75 ☐ \$100 ☐ \$200 ☐ Other: \$ _____

☐ I have enclosed a cheque payable to: Sandgate Women's Shelter of York Region Inc.

☐ Please charge my credit card: ☐ Visa ☐ Mastercard ☐ Amex

Credit Card Number: _____ Expiry: _____ / _____

CVV Number: _____ Name on Card: _____

☐ Tax Receipt Requested (for donations of \$10 or more)

☐ Where applicable, please recognize my gift as: _____

☐ Please keep my gift anonymous

Signature _____ Date: _____

Please flip over





Please return your completed donation form by mail to:

Sandgate Women's Shelter of York Region Inc.
P.O. Box 248
Sutton West, ON L0E 1R0

Please direct any questions regarding your donation to our Fund Development Officer:
P: 905-251-4126 E: LLY@sandgate.ca
Charitable Registration No. 136663812RR0001

Follow us on Facebook and Twitter: @Sandgate Women



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.