

## DONATION FORM

Please print and return by Fax or Mail:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Amount of Donation: \$ \_\_\_\_\_

### Method of Payment

Please check one:  Cheque  Visa  Mastercard

Card Number: \_\_\_\_\_

Expiry: \_\_\_\_//\_\_\_\_

Name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_

Northumberland Services for Women  
40 Swayne Street, Cobourg, ON K9A1K5  
Tel: 905-372-7056 Fax: 905-373-4800

