



**DONATION FORM**  
**Yes, I wish to support YWCA Peterborough Haliburton**

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

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

E-mail: \_\_\_\_\_

Address (home): \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

---

**I wish to make a donation of \$** \_\_\_\_\_

**Payment Options:**

A.  Cheque

Credit Card

Visa

MasterCard

Card Number: \_\_\_\_\_ Expiry: \_\_\_\_\_ CSV: \_\_\_\_\_  
(mm/yy)

B.  I'd like to sign up to become a monthly donor

By pre-authorized debit from:

Chequing account (attach void cheque)

Visa

MasterCard

Card Number: \_\_\_\_\_ Expiry: \_\_\_\_\_ CSV: \_\_\_\_\_  
(mm/yy)

Date of monthly donation to commence: \_\_\_\_\_  
(dd/mm/yyyy)

---

I agree to being recognized for my donation by name, as written above, as I appreciate that my gift may inspire others to give; or

I wish my contribution to remain anonymous

---

*Signature*

---

*Date (dd/mm/yyyy)*

