DONATION FORM

Please mail or fax your completed form to: NRSAC
Fax: (905) 682-2114 43-503 Church St.
Email: carsa@sexualassaultniagara.org St. Catharines, ON L2R 7E1

Name: _____

Mailing Address: Street: _____
City: _____
Postal Code: _____

Phone: _____ Email: _____

Yes! I would like to support the healing work of the Niagara Region Sexual Assault Centre (C.A.R.S.A., Inc.) by giving a financial gift. Please find my donation enclosed:

$40 $75 $125 $250 $500

I prefer to give $_____

I would like to become a member of the "Butterfly Club" – a group of donors who have chosen to support the Centre with a minimum of $1,000 donation or minimum monthly donation of $85. (See monthly giving option below.)

Enclosed is my cheque or money order payable to Niagara Region Sexual Assault Centre (or NRSAC).

I prefer to use my credit card. Please charge my: VISA Master Card
Card #:_____ Expiry:_____/____ (mo/yr)

Name on card:_____ Signature:_____

MONTHLY GIFTS
Please complete this section if you wish to make your gift in monthly installments.

I wish to give: $____/month on the 1st or 15th of the month,
Starting ___/___ (month and year).

I authorize the Niagara Region Sexual Assault Centre to automatically withdraw these gifts from my bank account. (Please enclose a VOID cheque.) Signature: _____

Please charge my: VISA Master Card
Card #:_____ Expiry:_____/____ (mo/yr)

Name on card: _____ Signature: _____

A tax deductible receipt will be issued for all gifts of $10 or more.
Charitable Business #11884 0040 RR0001