

**Donation Form:**



**REXDALE WOMEN'S CENTRE DONATION FORM**

Name:			
Address:		APT #:	
City:	Province:	Postal Code:	
Donation Amount:	\$	Monthly: <input type="checkbox"/>	One-Time Donation: <input type="checkbox"/>
<input type="checkbox"/>	Yes, I would like my name to be acknowledged in the Rexdale Women's Centre publicity material:		
<input type="checkbox"/>	No, I do not want my name to be acknowledged in the Rexdale Women's Centre publicity material:		
<b>Please Print this form and mail it along with a cheque payable to: Rexdale Women's Centre 23 Westmore Drive, Suite 400 Etobicoke, Ontario M9V 3Y7</b>			