

Name



Your gift will help change the lives of abused women in Niagara. Please give generously.

Address
Telephone
Email
I want to help year round. Here is what my gift can do:
\$25 per month can help one woman receive outreach counselling* \$50 per month can help provide shelter to one woman for one day* \$100 per month can help keep our 24 hour crisis line running for one month*
*based on a one year commitment
I would like to donate the following each month:
Method of Donation - Pre-Authorized Debit Please attached a cheque marked 'VOID'
Please debit my account for donations to Gillian's Place in the amount of \$ on the 1 st /15 th each month.
Method of Donation - Credit Card VISA MASTERCARD
Please debit my credit card for donations to Gillian's Place in the amount of \$ on the1st/15th each month.
Credit Card Number Expiry
Name on Credit Card
Signature
Please return the completed form by: mail (Attention: Development), fax or by email to development@gilliansplace.com

FORMERLY WOMEN'S PLACE ST. CATHARINES & NORTH NIAGARA

Thank you for your support!

P.O. Box 1387, St. Catharines, ON L2R 7J8 • Business Line 905.684.4000 • Fax 905.704.4556 • Support Line 905.684.8331