



DONATION FORM

Contact Details

Name: _____
Address: _____
City: _____
Province: _____
Phone: _____
Fax: _____
E-mail: _____

Donation Details

Yes, I would like to support the work at St. Clare Inn

With A Gift Of: \$100 \$75 \$50 \$35 Other \$ _____
_____ I have enclosed a cheque/money order payable to St. Clare Inn

OR

Make a difference in a women's future by setting up an automated monthly donation to St. Clare Inn. You could WIN a pair of tickets to a Stage West Production, when you donate \$2 a month or more.

Please Charge My: VISA MasterCard American Express

Card Number: _____ Expiry Date: _____

Signature: _____

Donation Amount: _____

Fax To 416- 447- 4082

A receipt for tax purposes will be issued for all donations of \$10 or more. Your generous support means so much to the women living at St. Clare Inn.

St. Clare Inn respects your privacy. We do not rent, trade or sell our mailing lists.