ASSAULTED WOMEN'S HELPLINE



DONATION FORM:

	Please complete		
	Date		
<u> NC</u>	Name		
ESS: M9B 6K8 ON	Address		
	City/ Province/ Postal Code		
	Phone Number		
	Amount		
	l would like to donate by (Please circle)	CASH CHEQUE	CREDIT CARD (Visa or MasterCard)
	Card No.		
	Expiry Date		
	Name on Card		
	Tax Receipt (Please circle)	YES	NO
	Notes:		

Thank you for supporting the Assaulted Women's Helpline!

<u>CONTACT</u>	
INFORMATION	

OFFICE ADDRESS: P.O.BOX 40569 Etobicoke, ON, M9B 6K8

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