

Please mail, fax or email your completed form to: Victoria Sexual Assault Centre
201-3060 Cedar Hill Rd
Victoria, BC V8T 3J5
Fax: 250-383-6112
Email: info@vsac.ca

Name: _____ Phone: _____

Street address or PO Box #: _____ City: _____

Province: _____ Postal Code: _____ E-mail: _____

- I wish to receive newsletters and news about upcoming events
 I wish to receive the VSAC e-news (*please include your email in the above contact information.*)
 I wish to receive my tax receipt by e-mail. (*Email: _____*)

I would like to donate:

\$50 \$75 \$125 \$250 \$500 \$1000

I prefer to give \$ _____

Enclosed is my cheque or money order payable to Victoria Sexual Assault Centre (or VSAC).

I prefer to use my credit card. Please charge my Visa MasterCard

Card #: _____ Expiry: ____/____ (mo/yr)

Name on card: _____ Signature: _____

Become a Monthly Donor: *Please complete this section if you wish to make your gift in monthly installments.*

I authorize the Victoria Sexual Assault Centre to automatically withdraw a monthly donation from my bank account. (*Please enclose a VOID cheque*)

I wish to give: \$ _____ on the 15th of each month (approx.), starting ____/____ (mo/yr)

Signature: _____

OR

Please charge my: Visa or MasterCard

I wish to give: \$ _____ on the 1st of each month (approx.), starting ____/____ (mo/yr)

Card #: _____ Expiry: ____/____ (mo/yr)

Name on card: _____ Signature: _____