



**WOMEN  
MOVING  
WOMEN**

**Yes, I want to join *Women Moving Women* and help move a woman out of poverty!**

**Contact Information**

First Name		Last Name		Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr. <input type="checkbox"/>
Company Name (for corporate donations only)				
Address				Apt. #
City	Prov.	Postal Code	This Address is: Home <input type="checkbox"/> Business <input type="checkbox"/>	
Daytime Phone#			This Phone # is: Home <input type="checkbox"/> Business <input type="checkbox"/> Cell <input type="checkbox"/>	
Email				

**Donation**

<input type="checkbox"/> <b>One-time Donation (\$2,500)</b>  <input type="checkbox"/> <b>Monthly Donation for 60 months - (\$41.70/month)</b>  <input type="checkbox"/> <b>\$500/year for 5 years</b>	<p><b>Payment Method</b></p> <p>Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard</p> <p>Card # _____</p> <p>Expiry Date: _____</p> <p>Cardholder name if different _____</p> <p><input type="checkbox"/> Cheque (Payable to the Canadian Women's Foundation or void for automatic withdrawals)</p> <p><b>and mail to:</b>  <b>The Canadian Women's Foundation</b>  <b>133 Richmond Street West, Suite 504, Toronto, ON M5H 2L3</b></p>
<p><b>How would you like to be recognized in print?</b> As above <input type="checkbox"/> Anonymus <input type="checkbox"/></p> <p>In <input type="checkbox"/> honour / <input type="checkbox"/> memory of: _____ or as follows: _____</p>	
<p>I would like to receive updates about "Women Moving Women" by</p> <p><input type="checkbox"/> Email <input type="checkbox"/> Please don't send me updates</p>	
<p>Quote (optional) "I am supporting 'Women Moving Women' because" :</p>	

Please fax completed form to: (416) 365-1745 or email to [womenmovingwomen@canadianwomen.org](mailto:womenmovingwomen@canadianwomen.org)