

Yes, I want to support the needs of women and children in the Morden area. Please sign me up as a new member of the Women's Giving Circle.

\$200 donation

Four quarterly donations of \$50 each beginning on ____ / ____
(month) (date)

I am an existing member and I want to continue to support the needs of women and children in the Morden area.

I am making another \$200 donation to our fund for 2014.

I am donating \$_____ to our fund for 2014.

I would like to make a donation in honour/memory of _____
for \$_____.

Name: _____

Address: _____

Phone: _____

Email: _____

Payment method:

Cheque (Please make your cheque payable to the Morden Area Foundation.)

Visa

Mastercard

Credit card #: _____ Expiry date: _____

Name of cardholder: _____

Morden Area Foundation
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Charitable registration #139636914 RR0001