


**Donation Form:**

				<b>REXDALE WOMEN'S CENTRE DONATION FORM</b>		
<b>Name:</b>						
<b>Address:</b>				<b>Apt #</b>		
<b>City:</b>			<b>Province:</b>		<b>Postal Code:</b>	
<b>Donation Amount:</b>	\$	Monthly: <input type="checkbox"/>	One-Time Donation: <input type="checkbox"/>	Other: <input type="checkbox"/>		
<input type="checkbox"/>	Yes, I would like my name to be acknowledged in Rexdale Women's Centre's publicity materials.					
<input type="checkbox"/>	No, I do not want my name to be acknowledged in Rexdale Women's Centre's publicity material.					
<p><b>Please print this form and mail it along with a cheque payable to:</b> Rexdale Women's Centre 925 Albion Road, Suite 309 Etobicoke, Ontario M9V 1A6</p> <p>Rexdale Women's Centre is a registered Canadian Charity: 119118297 RR0001</p>						