



The Women's Centre

MEMBERSHIP AND DONATION FORM

MEMBER AND DONOR INFORMATION	
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> GROUP OR BUSINESS
DATE	_____
INDIVIDUAL, GROUP OR BUSINESS NAME:	
ADDRESS:	PHONE: ()
CITY:	PROVINCE:
POSTAL CODE:	EMAIL:
MEMBERSHIP TYPE AND AMOUNT	
<input type="checkbox"/> New	<input type="checkbox"/> Renewal
<input type="checkbox"/> \$20.00 Individual	<input type="checkbox"/> \$30.00 Group
CARD ISSUED: # _____	Amount: \$ _____
DONATIONS AND SPONSORSHIPS	
<input type="checkbox"/> The Women's Centre Donation	<input type="checkbox"/> Other Donation
<input type="checkbox"/> Event -Donation	<input type="checkbox"/> Event Sponsorship
Amount:\$ _____	Name of Other or Event _____
TOTAL AMOUNT	
<input type="checkbox"/> Cash \$ _____	<input type="checkbox"/> Cheque \$ _____
<input type="checkbox"/> Visa \$ _____	Received By: _____
Total Amount: \$ _____	
TO BE COMPLETED BY OFFICE ADMINISTRATION	
Taxable: <input type="checkbox"/> Yes <input type="checkbox"/> No	Letter Required: <input type="checkbox"/> Yes <input type="checkbox"/> No
Date _____	Database _____
Updated: _____	Completed By: _____