



Inaugural Fundraising Event - Join Us! Saturday, March 6th
10:00am - 5:00pm At Unity Church of Mississauga

DONATION/SPONSORSHIP FORM (Please print clearly)

Name: _____

Address: _____

City: _____ Province _____ Postal Code _____ Phone: _____ Cell: _____

Email _____

SPONSOR

_____ Yes! I would like to provide a Congolese woman survivor of war with hope and encouragement by donating \$27 US fund a month (plus a one-time enrollment fee of \$30 US fund) to directly support a woman through Women for Women International's Sponsorship Program.

Payment option:

I would like to pay: _____ monthly (\$27 US) or Annually: _____ (\$324 US)

I understand that I will be charge a one-time enrollment fee of \$30US in addition to my first Sponsorship contribution. _____ (Initial)

If paying by credit card please provide the information below:

Circle: MC VISA AMEX DISCOVER

Card Number: _____

Exp. Date: _____ Signature: _____

Note: By signing this form you agree to pay the amount specify above.

DONATE

_____ I would like to donate \$ _____ a one-time contribution to help the Congolese woman survivor of war conflict.

Payment option:

Circle: Cash Cheque Credit Card

If paying by credit card please provide the information below:

Circle: MC VISA AMEX DISCOVER

Card Number: _____

Exp. Date: _____ Signature: _____

Note: By signing this form you agree to pay the amount specify above.

AUCTION

Circle: Cash Cheque Credit Card

If paying by credit card please provide the information below:

Circle: MC VISA AMEX DISCOVER AMOUNT: \$ _____

Card Number: _____

Exp. Date: _____

Signature: _____

Note: By signing this form you agree to pay the amount specify above.

MAIL CHEQUE TO:

Jennifer Morabito,
Women for Women International
4455 Connecticut Avenue NW
Suite 200, Washington, DC, 20008, U.S.A.
If paying by credit card fax to: 202-737-7709

THANK YOU FOR YOUR SUPPORT