



Metropolitan Action Committee on
Violence Against Women and Children

Donation Form

Please complete and return to METRAC

Please mail or fax this completed form to METRAC. A tax-deductible receipt will be sent to you. Donations of \$10 or more are fully tax receiptable. Thank you for your support!

Name: _____
Email: _____
Full Mailing Address: _____
Phone Number: _____ Fax Number: _____

I want to support METRAC with a donation of (choose one):

\$10 \$25 \$50 \$100 \$200 Other: \$ _____

I would like to be a monthly donor by pledging \$ _____ a month.

Please charge my VISA account in the amount of \$ _____
for the next _____ months (see below for my VISA information)

I have enclosed post-dated cheques with this form

Payment Information (choose all that apply):

I am donating by Visa, for the total amount of: \$ _____ (per month,
for monthly donors)

Cardholder name: _____

Card number: _____ Exp. date: _____

I am donating by cheque(s) made payable to METRAC and sent with this
form. Total enclosed: \$ _____

I am donating with cash, sent with this form. Total enclosed: \$ _____

Please send an invoice to my mailing address.

Please keep my donation anonymous.

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