YES, I WÁNT TO SUPPORT KCWA

Please accept my one-time donation of

☐ $20 ☐ $50 ☐ $100 ☐ Other .....

Please accept my monthly donation of

☐ $20 ☐ $50 ☐ $100 ☐ Other .....

.....
Name

.....
Address

.....
Phone number

.....
Email

I'll donate by:

☐ Cash

☐ Cheque - Please make the cheque payable to **KCWA Family and Social Services**

☐ Online – kcwa.net/donatepage.html

☐ Credit Card

☐ VISA ☐ MasterCard ☐ Other .....

.....
Credit card #

.....
Expiration Date CCV

KCWA will issue a receipt for all donations equal to or more than $20.

Please earmark my gift for:

☐ General – Where Needed Most
☐ Employment support
☐ Family
☐ Seniors
☐ Youth

I would like to dedicate my donation in honour of .....