

Vancouver Island Men's Therapy Centre Society Donation Form

Our Mission:

To provide psychological and practical support to facilitate healing for males and people who identify as male, sixteen years and older, who experience the effects of trauma.

Donor Information (please print or type)

Name _____

Billing address _____

City, Prov Post code _____

Phone 1 | Phone 2 _____

Email _____

Donation Information

I (we) pledge a total of \$_____ to be paid: now monthly quarterly yearly.

I (we) plan to make this contribution in the form of: cash cheque credit card EFT. Please make cheques

or other gifts payable to: **Men's Therapy Centre**. If you wish to pay via EFT, please include a void cheque.

Credit Card Type	Visa	Mastercard	AMEX
Credit Card Number			
Expiry Date	MM / YY	CVC	VISA/Mastercard – 3-digit number on back AMEX – 4-digit number on front
Authorized Signature			

Acknowledgement Information

I (we) wish to have our gift remain anonymous.

Please use the following name(s) in all acknowledgements:

I(we) would like to make this gift in memory/honour of:

Please send a charitable tax receipt to:
