



Printable Donation Form

PO BOX 154
Gananoque, ON, K7G 2T7

Thank you for your supporting the Canadian Council of Muslim Women (CCMW). Please fill out this form and email it back to info@ccmw.com; print and scan it back to the email address; or mail this completed form back to us.

Mailing address: CCMWTO, 200 Bay Street, P.O. Box 64056, Toronto, ON, M5J 2T6, Canada

Name:

Email:

Full Mailing Address:

Phone Number:

Please sign me up for CCMW's email list so I can receive monthly updates

Please keep my donation anonymous

I want to support CCMW 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 credit card in the amount of \$ for the next months (see below for my information)

I have enclosed post-dated cheques with this form

Payment information (choose all that apply):

I am donating by Visa or Mastercard, for the total amount of \$ one time and/ or \$ per month as a monthly donor

Cardholder name:

Card number: Exp. Date:

I am donating by cheque payable to CCMW National: total \$