



YWCA Hamilton Donation Form

Personal Information

First Name: _____ Last Name: _____

Name of Organization: _____

Street Address: _____

City: _____ Province: _____ Postal Code: _____

Email: _____

Home Phone: _____

Business Phone: _____

Gift Details

I would like to make a gift of \$ _____

One time gift \$ _____ Monthly Amount \$ _____

Payment Options

Cheque payable to YWCA Hamilton

Credit Card - Please check type: Mastercard Visa American Express

Name on Card: _____

Card Number: _____

Expiry Date (Month/Year): ____ / ____

**We sincerely appreciate your support.
Together, we will build a better future for women and girls.**

