



YWCA
H A L I F A X

A TURNING POINT
FOR WOMEN

ASSOCIATION MEMBERSHIP

Charitable Registration No.: 108229881RR0001 0039115

Family Name:	_____	Given Name:	_____
Address:	_____		
Apt:	_____	City:	_____
Province:	_____	Postal Code:	_____
Telephone:	_____	e-mail:	_____

Please tick all that are applicable:

- I wish to pay for an association membership of \$25.00.
- I wish to make an additional donation of \$ _____.
- I wish to pledge my gift of installments of \$ _____ each month.

All members will receive our newsletter by email! If you do not have an email address, we will forward your copy by Canada Post.

Payment may be made by cheque, money order, cash, VISA or Mastercard. (If choosing installment payments and payment is by cheque, please include a series of post-dated cheques.)

Name on Card: _____ Expiry Date: _____

Card Number: _____ Signature: _____

Donations may also be made through our website at www.ywcahalifax.com and click the "donate now" button. All donations will receive a tax receipt.

Thank you for your support!

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