



## DONATION PLEDGE CARD

HERE IS MY GIFT TO HELP IMPROVE THE QUALITY OF LIFE FOR  
ABUSED WOMEN AND CHILDREN

### Donation Options:

1) I would like to make a **ONE TIME** donation:

|                               |                               |                                |                                |                                |                                |                                   |
|-------------------------------|-------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|-----------------------------------|
| <input type="checkbox"/> \$25 | <input type="checkbox"/> \$50 | <input type="checkbox"/> \$120 | <input type="checkbox"/> \$200 | <input type="checkbox"/> \$300 | <input type="checkbox"/> \$500 | <input type="checkbox"/> \$ _____ |
|-------------------------------|-------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|-----------------------------------|

2) I would like to make a **MONTHLY** donation:

|                               |                               |                                |                                |                                |                                |                                   |
|-------------------------------|-------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|-----------------------------------|
| <input type="checkbox"/> \$25 | <input type="checkbox"/> \$50 | <input type="checkbox"/> \$120 | <input type="checkbox"/> \$200 | <input type="checkbox"/> \$300 | <input type="checkbox"/> \$500 | <input type="checkbox"/> \$ _____ |
|-------------------------------|-------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|-----------------------------------|

3) I would like to make a donation towards the **REAMEY FAMILY ENDOWMENT FOR THE WOMEN AND CHILDREN OF INTERIM PLACE**







4) I would like to make a **LEADERSHIP** donation:

|                                 |                                 |                                 |                                      |
|---------------------------------|---------------------------------|---------------------------------|--------------------------------------|
| <input type="checkbox"/> \$1000 | <input type="checkbox"/> \$2500 | <input type="checkbox"/> \$5000 | <input type="checkbox"/> Other _____ |
|---------------------------------|---------------------------------|---------------------------------|--------------------------------------|

### Donor Information:

|                 |                               |                                     |  |
|-----------------|-------------------------------|-------------------------------------|--|
| First Name:     |                               | Last Name:                          |  |
| Street Address: |                               | Apt/Unit:                           |  |
| City:           |                               | Province:                           |  |
| Postal Code:    |                               | Phone:                              |  |
| Email:          |                               | Alternative Phone:                  |  |
| Payment Type:   | <input type="checkbox"/> Visa | <input type="checkbox"/> Mastercard | <input type="checkbox"/> Cheque (Payable to Interim Place) |
| Name on Card:   |                               | Signature:                          |  |
| Card Number:    |                               | Expiry Date:                        |  |

## Your Contribution of... Can Make a Difference!

|  |       |   |  |   |                                   |
|--|-------|---|--|---|-----------------------------------|
| <b>Rescue Ride</b>   | \$25  | <b>Counselling</b>  | \$120  | <b>Welcome Kit</b>  | \$50/ Woman<br>\$200/ Family of 4 |
| <b>Rescue Ride</b> helps a woman and her children escape to safety.       |       | <b>One month of confidential counselling</b> as well as social, legal and health supports for a woman, child or youth.            |  | <b>Shelter Welcome Kit:</b> includes new pyjamas, undergarments, socks, slippers, bathrobes, toiletries and personal items.  |                                   |
| <b>Art Therapy</b>   | \$200 | <b>A Fresh Start</b>  | \$300  | <b>Mom &amp; Child</b>  | \$500                             |
| <b>8-week theatre arts</b> programming for one child or youth in shelter  |       | <b>A Fresh Start</b> provides a single woman with the essentials and moving expenses when she's ready to settle into a new home.  |  | <b>A Fresh Start</b> for a mom and her two children to settle into their new permanent home in the community                 |                                   |
| <b>Four-month Shelter Stay and programming</b><br><input type="checkbox"/> for a mom \$4,000<br><input type="checkbox"/> for a mom & child \$8,000           |       |   | <input type="checkbox"/> for a mom & two children \$12,000<br><input type="checkbox"/> for a mom & three children \$16,000 |   |                                   |

Please return this form with your donation in the enclosed envelope

P.O. Box 45070 Mississauga, ON L5G 1C9  
 Tel: 905-403-9691 Fax: 905-403-9808 Crisis Line: 905-403-0864 / 905-676-8515 TTY: 905.403.0453 / 905.676.0284  
[www.interimplace.com](http://www.interimplace.com)