

## DONATE TO WISH!

\*ALL FIELDS REQUIRED

\*Name \_\_\_\_\_  
\*Address \_\_\_\_\_  
\*City \_\_\_\_\_ \*Prov \_\_\_\_\_ \*Postal Code \_\_\_\_\_  
\*Phone \_\_\_\_\_ \*Email \_\_\_\_\_

### I WANT TO MAKE A:

monthly gift:

\$ 25  \$ 40  \$ 50  \$ 100 Other  \$ \_\_\_\_\_

one-time gift:

\$ 25  \$ 40  \$ 50  \$ 100  \$ 250 Other  \$ \_\_\_\_\_

### I'M PAYING BY:

Cheque  VISA  MasterCard

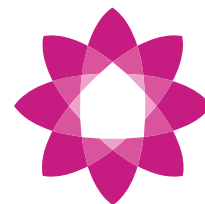
Card # \_\_\_\_\_ Expiry Date \_\_\_\_ / \_\_\_\_

Print name on card \_\_\_\_\_

Cardholder signature \_\_\_\_\_

**OR DONATE ONLINE AT WISH-VANCOUVER.NET**

*We respect your privacy and will not share, rent trade or sell your personal information.  
Registered Charity No. 87047 5563 RR0001*



# WISH

Drop-In Centre Society

334 Alexander Street  
Vancouver, BC V6A 1C3  
604-669-9474

info@wishdropincentre.org  
wish-vancouver.net

- I would like my donation to be ANONYMOUS
- I would like information on naming WISH in my WILL
- I would like information about DONATING SECURITIES
- Please include me on WISH email communications.

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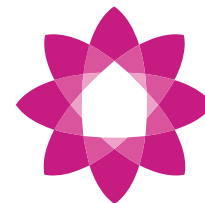
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