**Afghan Women’s Organization’s Donation Form**

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**City:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Province:** \_\_\_\_\_\_\_ **Postal Code:** \_\_\_\_\_\_\_\_\_\_

**Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_ **E-mail:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I would like to support the following programs (select all that apply):**

□ All – greatest need

□ Women-focused

□ Employment-focused

□ Language-focused

□ Senior-focused

□ Youth-focused

□ Children-focused

**Payment**

□ I have enclosed a cheque for $\_\_\_\_\_\_\_\_\_\_\_ payable to the Afghan Women’s Organization

**Please return this form to:** Finance Office

 Afghan Women’s Organization

 150 Consumers Road, Suite 203,

 North York, ON, M2J 1P9

A charitable receipt will be issued for your generous donation.

**Thank you!**