



Sistering Monthly Giving Form

Yes, I want to support innovative programs for homeless and socially isolated women by joining Sistering's monthly giving program the "Extended Family"

I would like to make a monthly donation of:

- \$12
- \$25
- \$50
- \$100
- Other Amount: \$_____

All monthly donors will receive Sistering's Quarterly Newsletter and Annual Report.

Personal Information

Title _____Ms. _____Mrs. _____Mr. _____Dr.

First name _____

Last Name _____

Street Address _____

City _____

Province _____

Postal Code _____

Country _____

Phone (home) (____) _____

Phone (work) (____) _____

Email _____

We keep all email addresses confidential. Contact us at 416-926-9762 ext. 243 for more details on our privacy policy.

Payment Options

Credit Card ____Visa ____MasterCard ____Amex

Name on Card _____

Card Number _____

Expiry Month/Year ____/ ____

You can print and send this form by mail or fax to:

Development
Sistering
962 Bloor Street, West
Toronto, ON
M6H 1L6
Fax: (416) 926-1932

You may also donate by phone by calling
(416) 926-9762 ext.243