

Women's Health Clinic 2008 Membership

Personal Information (Please print clearly)

Last Name: _____
First Name: _____
Address: _____
City: _____ Province: _____
Postal Code: _____
Phone: _____
Email: _____

YES, I really want my voice to count!

Here's my 2008 Membership commitment to Women's Health Clinic. I support the mission and goals of Women's Health Clinic, which includes reproductive choice.

Please print and mail this form and payment to the address listed below.

() **New Member** () **Renewal** () **Gift Membership** () **Change of Address**

() **Annual \$25** () **Annual Limited Income \$5**

Gift Membership

- Please send the gift membership to me
 Please send the gift membership to recipient

Recipient's information

Gift Recipient Name: _____
Address: _____
City: _____ Province: _____
Postal Code: _____
Phone: _____

- Please send a Gift Announcement Card, personalized with my name to recipient

Donation

I would like to make a charitable donation.

- \$25** **\$35** **\$50**
 \$100 **Other Donation \$:** _____

For your convenience ...we are able to offer the following Pledge Options

I pledge \$_____ per month for _____ months to be debited from my bank / credit card by:

- Direct Donation Plan** (Bank Acct Debit Authorization Form will follow our receipt of this pledge)
 12 post-dated cheques (enclosed)
 Pledge Plan: (Monthly payments can be automatically processed at the end of each month on your Visa / MasterCard with one receipt issued at the end of the calendar year.)

Payment Information. (Please do not send cash in the mail)

Enclosed is my payment for \$_____ (make cheques payable to **WOMEN'S HEALTH CLINIC**)

Please mail to **Women's Health Clinic, 419 Graham Avenue - Unit A, Winnipeg, MB R3C 0M3**

- Cheque Cash MasterCard VISA
Credit Card No.: _____
Expiry Date: _____
Signature: _____

Total enclosed \$ _____

For Office Use Only

Staff Name: _____
Membership # assigned: _____
Date of entry: _____

All donations welcome. Receipts issued for gifts over \$10, or by request if under \$10

Charitable reg. # 119 302 693 RR0001

Annual Donor Recognition Levels

Membership is included with donations over \$100

Friend \$1 - 99 Supporter \$100 - 249 Sister \$250 - 499 Matron \$500 and over

All donors will be listed in our Annual Report, unless otherwise requested.

Please indicate whether you wish to be included:

- Yes, include my name in the 2008 Annual Report
 No, I prefer my name not be included in the 2008 Annual Report