

Mail to:

Print this Form!

Vancouver Rape Relief and Women's Shelter
c/o P.O. Box 21562
1424 Commercial Drive
Vancouver, B.C. V5L 5G2

Date :

Dear Vancouver Rape Relief and Women's Shelter,

Yes I would like to join your monthly donor program.

With this letter, I authorize Van City Credit Union to deduct \$ per month on the day of the month into your account.

This withdrawal can begin in (month), 2002.

I have included a blank cheque marked "VOID" from my account.

I understand that I will receive the Friends of Rape Relief newsletter and a tax receipt at the end of the calender year.

Sincerely,

(signature)

[close window](#)