





Thank You for Supporting the Downtown Eastside Women's Centre

		re Area of Greatest Need
OR Specific Program: ☐ Kitchen Progra	m □ Drop-in Centre □ Shel	ter 🗆 Other:
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□ Please notify the following person(s) of my	contribution: Name:	
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CREDIT CARD: □ Visa □ Mastercard □A	Name (as displayed on card):	
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CREDIT CARD: □ Visa □ Mastercard □ A Expiry (MM/YY): / Signature:	Name (as displayed on card): s displayed on card):	



Please mail completed form to: Downtown Eastside Women's Centre, 302 Columbia Street, Vancouver, BC, V6A 4J1.

Thank you for your support of the Downtown Eastside Women's Centre. Your contributions are essential to the future of our organization and those of the women and children we serve.