



## Women's Crisis Center Donation Form:

**Please complete the following-**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-mail (optional) \_\_\_\_\_

*All personal information is kept confidential.*

*Women's Crisis Center does not share or sell constituent database information.*

### **Your donation supports your local program**

**One time Gift**

I am enclosing my total gift of \$\_\_\_\_\_ to be paid by

Check or money order (payable to **Women's Crisis Center**)

Visa     MasterCard     American Express

**Monthly Giving Option** (deducted on the 20th of each month)

\$25     \$50     \$100    Other \$\_\_\_\_\_

Please deduct above amount from my:

Visa     MasterCard     American Express

Begin Date \_\_\_\_\_ End Date \_\_\_\_\_

Credit Card # \_\_\_\_\_

Exp. Date \_\_\_\_\_

Authorized Signature \_\_\_\_\_

Please check if you would NOT like your gift acknowledged in any of WCC's printed materials.

Other gift giving options are available.

Please call 859-372-3571 or visit our website [www.wccky.org](http://www.wccky.org) for details.

***Please mail to:***

***Women's Crisis Center, 3580 Hargrave Drive, Hebron, KY 41048***

***Thank You!***