

Yes, I would like to support the Women's Healthy Environments Network (WHEN)

All donations over \$20.00 are eligible for a tax receipt.

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Name: _____

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Single Donation of \$ _____

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*N.B. If you would prefer to donate monthly using your credit card, Visit www.womenshealthyenvironments.ca to access **CanadaHelps** on our home page.*

MAIL your completed form to:

Women's Healthy Environments Network (WHEN)
215 Spadina Avenue, Suite 400
Toronto, ON M5T 2C7

Questions?

Phone: 416-928-0880 Fax: 416-644-0116 or

Email : office@womenshealthyenvironments.ca

Method of Payment:

Cheque or money order for _____
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Visa or MasterCard

Account # _____ Expiry _____

Signature: _____ Date: _____

To DONATE online, please visit our website and click on the CanadaHelps logo.