



Donation Form

Please print and complete this form then send the form to:

Victim Services of Windsor & Essex County
P.O. Box 910
Essex, Ontario
N8M-2Y2

Please send tax receipt to:

First name: _____

Last name: _____

Address: _____

City: _____ Province: _____

Postal code: _____

Home telephone: _____

Business telephone: _____

E-mail (please print): _____

Payment details:

___\$100 ___\$75 ___\$50 ___\$25 ___Other: _____

__Cheque (please make payable to Victim Services of Windsor & Essex County)

Tax receipts are issued for donations of \$25 or more

Charitable registration number #892738188