



Donation Form

Please send the completed form to:

Cornerstone Housing for Women

Attn: Connie Franklin

314 Booth Street

Ottawa ON K1R 7K2

Donor's Information:

Title: _____ First Name: _____

Last Name: _____

Address: _____

City: _____ Prov: _____ Postal Code: _____

Tel: _____

Email: _____

My gift of \$ _____ is enclosed.

I would like to make a Memorial Donation or a Tribute Donation

Who would you like to remember, or honour?

First Name: _____ Last Name: _____

Who would you like to receive the acknowledgement?

We will send a letter acknowledging your generosity. The amount of your gift is kept confidential.

First Name: _____ Last Name: _____

Address: _____

City: _____ Prov: _____ Postal Code: _____

Thank You for making a difference!