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First name

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Last name

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Tel:

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Email:

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Mailing Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Province

\_\_\_\_\_  
Postal Code

**I would like to make a donation to the Canadian Women Voters Congress of :**

\$500     \$100     \$50     \$35     \$25     other \_\_\_\_\_

Cheque (*made payable to the Canadian Women Voters Congress*)

Visa     Mastercard

\_\_\_\_\_  
*credit card number*

\_\_\_\_\_  
*expiry*

\_\_\_\_\_  
*signature*

With your donation you become a member of the Congress unless otherwise indicated.     No membership at this time.  
Please indicate if you do not wished to be thanked publicly.     Do not thank me publicly.

PO Box 4722 Vancouver Main, Vancouver, BC V6B 4A4, tel. 604-878-8228, info@womenvoters.ca, www.womenvoters.ca

Registered Charity: BN 84000 0566 RR0001



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