



BWA Women's Department

Donor Information:

Name: _____

Street or P.O. Address: _____

City: _____ State/Province: _____ Postal/Zip code: _____

Contact Phone: _____ *Email: _____

*Please add my email to the newsletter distribution list. Yes _____ No _____

Donation Information:

Enclosed is my Kindred Spirits Gift of _____ \$100 _____ \$1,000 _____ \$10,000 or \$_____ (Enter Amt.)

This Donation is in Honor of _____ or in Memory of _____

Name & address of person being honored or family member to which a card would be sent in acknowledgement of donation:

Payment Information:

- Please return this form with your donation and retain a copy for your records.
- US dollar checks should be made payable to "BWA Women's Department"
- A receipt will be provided by the office receiving your donation.
- No goods or services have been received in return for this donation.

US dollar checks: Please mail **US funds** to the following address

BWA Women's Department, 405 North Washington Street, Falls Church, VA 22046 USA

Canadian Check: Please mail **Canadian funds** to the following address:

Baptist Women of Ontario and Quebec, 100-304 The East Mall, Etobicoke, Ontario M9B 6E2

Credit Card: Please mail **credit card donations** to the same address as for US Checks.

I would like to use my Visa _____ or MasterCard _____ Card Number _____

Expiration Date: _____ VCODE _____ (On back of card on signature line final 3 digit number)

Signature _____ Date: _____

405 N. Washington Street
Falls Church, VA 22046 USA
Phone: +1-703-790-8980 x148
Email: womenbwa@bwanet.org
Web: www.bwawd.org