



COMMITMENT FORM

I would like to contribute my support to the Women's Giving Collective

Name:

City/Prov:

Postal Code:

Email:

Phone:

Step 1: Please select the amount and payment frequency:

\$1,000 single gift

\$84 monthly

other frequency _____

This COMMITMENT made this _____, day of _____ 2019*

Step 2: I wish to make a donation by:

Cheque (made out to the Oakville Community Foundation, enclosed)

Credit Card – visit www.theocf.org/donate - select Women's Giving Collective

I wish to make ongoing monthly contributions to be deducted at the beginning of each month from my credit card (Gillian McLaren, gillian@theocf.org will contact you directly to set this up)

Signature:

Date:

Step 3: Please email this form to sarah@theocf.org

or Mail to:

410 North Service Road East | Suite 200

Oakville | ON L6H 5R2

905-844-3562

Charitable number: 89193 4374 RR0001