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DONOR FORM

Yes, I'd like to help end sexual exploitation...!

Mr. Mrs. Ms. (circle appropriate title)

First Name: _____ Last Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Email: _____

Monthly Donation Options: Enclosed are 12 post-dated cheques each for:

\$25 \$50 \$100 \$250 \$550 \$ _____

One-Time Donation Options: Enclosed is a cheque for:

\$50 \$100 \$500 \$1000 \$5000 \$ _____

All donations are tax-deductible. Please make cheques payable to **REED**, and mail to the address at the top of this form. Thank you!