

Donation / Pledge Form



Help Local Kids to Receive Immediate Support

Our first ever waitlist in over 40 years was eliminated in March of 2025, but the work is far from over! We have built the capacity, and now must protect it. A waitlist is devastating because gaps in our service have serious immediate and long-term consequences for local kids and their families. Your support now is vital to help keep it from coming back!

DONOR INFORMATION

Name: _____ Email: _____

Address: _____
(Street) (City) (Prov.) (Postal code)

Phone: (Home) _____ (Work) _____ (Cell) _____

PLEDGE SUMMARY

I would like to make a total pledge of: \$ _____. This will be given:

- ☐ As a one-time gift. I enclose a donation of \$ _____, OR
- ☐ As a ____ year pledge (1-5 years). I have enclosed an initial donation of \$ _____ and would like to donate the remainder in installments:
- ☐ Yearly \$ _____ ☐ Semi-annually \$ _____
- ☐ Quarterly \$ _____ ☐ Monthly \$ _____

Start date: _____ Signature: _____ Date signed: _____

GIVING METHOD

I would like to fulfill my pledge via:

- ☐ Cheque (payable to Child Witness Centre) ☐ Online: **childwitness.com/child-victims-cant-wait** (QR code below)
- ☐ Credit card: ☐ Visa ☐ Mastercard (If you prefer, you can simply call 519-744-0904 with your information)

Name on card: _____ Signature: _____

Credit card no.: _____ Expiry (month/year): _____

- ☐ I/we give Child Witness Centre permission to list my/our names for donor recognition purposes.

Please print my/our name(s) as follows: _____

- ☐ I/we would like my/our donation to be anonymous.

TAX RECEIPTS (Issued for all eligible donations)

I would like a tax receipt(s): ☐ For each transaction ☐ At the end of the calendar year for all transactions that year.

Thank You for Giving Generously.

Form Submission Options

By mail or delivery to: 111 Duke St E, Kitchener, ON N2H 1A4

By email to: admin@childwitness.com | **By fax to:** 519-744-5379



Give Online



Charitable registration # 10097 7180 RR0001