



**Women's Inter-Church Council of Canada  
Conseil oecuménique des chrétiennes du Canada**

47 Queen's Park Cres. E, Toronto, ON M5S 2C3 Canada  
Tel: 416-929-5184 Fax: 416-929-4064 E-mail: wicc@wicc.org Web: www.wicc.org

**WICC'S NETWORK  
GIFT MEMBERSHIP FORM**

*WHAT A WONDERFUL GIFT YOU ARE GIVING!*

**Yes** - I WOULD LIKE TO GIVE MY FRIEND A MEMBERSHIP IN WICC'S NETWORK.  
As a new member of WICC's Network, your friend will receive all the benefits of membership!

We ask for a donation of \$35 or more to accompany your friend's membership information. This membership gift will be honoured for one full year (12 months). When the membership anniversary is near expiration, your friend will receive a renewal notice from us.

**For office use only:**

Date received:

**MY FRIEND'S CONTACT INFORMATION:**

Name \_\_\_\_\_ Church/Org. \_\_\_\_\_  
Street \_\_\_\_\_ Apt. \_\_\_\_\_ City/Town \_\_\_\_\_ Prov. \_\_\_\_\_  
Postal Code \_\_\_\_\_ Email: \_\_\_\_\_ Tel. (\_\_\_\_) \_\_\_\_\_ Fax. (\_\_\_\_) \_\_\_\_\_

*Please send the charitable receipt to*

**MY CONTACT INFORMATION:**

Name \_\_\_\_\_ Church/Org. \_\_\_\_\_  
Street \_\_\_\_\_ Apt. \_\_\_\_\_ City/Town \_\_\_\_\_ Prov. \_\_\_\_\_  
Postal Code \_\_\_\_\_ Email: \_\_\_\_\_ Tel. (\_\_\_\_) \_\_\_\_\_ Fax. (\_\_\_\_) \_\_\_\_\_

**Enclosed is my donation of:**

\$35     \$50     \$75     \$100     \$ \_\_\_\_\_

**\*DISCLAIMER:**

In adherence to the Payment Card Industry (PCI) Data Security Standard, the Women's Inter-Church Council of Canada prohibits the transmission of unencrypted cardholder information via e-mail, fax or other means. If you wish to make a credit card donation, please submit your payment via e-mail or fax without credit card details. Call us to relay credit card information. The Women's Inter-Church Council of Canada will not be held responsible for any fraudulent activity should you fail to comply.

**Method of Payment** *Please read disclaimer before choosing your payment option.*

My Cheque/Money Order in the amount of \$ \_\_\_\_\_ is made out to the Women's Inter-Church Council of Canada.  
 I wish to charge my donation of \$ \_\_\_\_\_ on my VISA card.

\*Visa# \_\_\_\_\_ Expiry date \_\_\_\_\_

Cardholder Name \_\_\_\_\_ Signature \_\_\_\_\_

Please mail or \*fax your completed gift membership form along with your donation to:

**WICC's NETWORK**  
Women's Inter-Church Council of Canada  
47 Queens Park Crescent East  
Toronto, ON M5S 2C3  
Fax: (416) 929-4064

*Thank you for your support!  
We will send a note to your friend sharing the great news of your gift.*

The use, retention, and disclosure of personal information collected on this form is done in compliance with privacy legislation including, but not limited to, the Personal Information Protection and Electronics Act (2000, c.5). Personal information will not be used, disclosed or sold for purposes other than those for which it was collected, except with the consent of the individual or as required by law. Personal information shall be retained only as long as necessary for the fulfillment of those purposes.