



Yes, I want to honour my Mom this Mother's Day by adding her name to a flower in the Garden of Hope!

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Email address: _____

Donation amount (minimum \$25):

_____ \$25 _____ Other amount (please specify)

_____ By cheque (please find my cheque enclosed)

From my credit card _____ Visa _____ MasterCard

Card number: _____ Expiry date: _____

Signature: _____ Date: _____

Mom's FIRST name for display in the Garden of Hope _____

Please sign and return this document to the address below.

Mother's Day Campaign
59 North Park Street
Brantford, ON N3R 4J8

Phone: 519.752.1005 extension 232 or fmcfarlane@novavita.org if you have any questions

You can also donate online by visiting <https://www.canadahelps.org/en/charities/nova-vita-womens-shelter-incorporated/>