



**Centre for Abuse and Trauma Therapy Inc.**  
**Charity Number 850315359 RR0001**  
**Donation Form**

Title: Dr. \_\_\_ Mr. \_\_\_ Mrs. \_\_\_ Miss. \_\_\_ Ms. \_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

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Home Phone: (     ) \_\_\_\_\_ Alternate Phone: (     ) \_\_\_\_\_

Fax: (     ) \_\_\_\_\_

Email Address: \_\_\_\_\_

Amount of Donation: \$ \_\_\_\_\_

\_\_\_ I have enclosed my cheque or money order for the above total payable to Centre for Abuse and Trauma Therapy Inc.

\_\_\_ Please mail receipt to address given

Mail to: Centre for Abuse and Trauma Therapy Inc.  
234 Concession Street  
Suite 200,  
Kingston, ON  
K7K 6W6

If you have any questions, please contact us at 613-507-2288 or email us at [therapycentre@cogeco.ca](mailto:therapycentre@cogeco.ca)

Thank you for your generous donation!  
It will go a long way in providing care for those who  
would otherwise be unable to access it.