

Thank you for your donation!

Your Information

First Name

Last Name

Address

City

Province Postal Code

Daytime Telephone

Email

Your Donation

I would like to make a **one-time** donation.

I would like to make a **recurring monthly** donation*.

Amount:

\$50

\$75

\$100

\$200

Other \$ _____

Payment Options

I would like to make my donation by:

Cheque (*Please make your cheque payable to **The Children's Foundation***)

Visa Card or Mastercard

Card Number

Expiry Date

Name on the Card

Cardholder Signature

Special Instructions

Tax receipts will be issued to the address provided above unless otherwise indicated.

*Please note recurring monthly donations by credit card will be transacted on the 15th day of each month and a charitable tax receipt will be issued at the end of the calendar year.

Charitable Registration #108076688RR0001

SUPPORTING, ENCOURAGING, BUILDING:

Children, Families, Communities

2750 East 18 Avenue
Vancouver, BC V5M 4W8

TELEPHONE
604 434 9101

FAX
604 434 9938

www.childrens-foundation.org