

## 1) My Info

|                                        |                        |                                     |
|----------------------------------------|------------------------|-------------------------------------|
| Team: KOALA                            | Areas of Greatest Need | 10ed - 33                           |
| Name of Participant you are supporting | Location               | Constituent ID - Fundraiser Page ID |

### ☐ Individual ☐ Organization

If from organization, use First & Last Name for the contact person. Receipt will be issued in organization name, and sent to the contact's attention.

|                                                 |             |                   |
|-------------------------------------------------|-------------|-------------------|
| First Name*                                     | MI*         | Last Name*        |
| Organization                                    |             |                   |
| Suite/apt. No                                   | Street*     |                   |
| City *                                          | Prov/State* | Postal Code/ZIP * |
| <b>Phone (REQUIRED)*</b>                        |             |                   |
| <b>E-mail Address* (REQUIRED FOR E-RECEIPT)</b> |             |                   |

## 2) Gift details

|                 |
|-----------------|
| Amount \$ _____ |
|-----------------|

### How would you like to be recognized online?

- ☐ Donor name (same as above)  
☐ Anonymous  
☐ Name for Recognition: \_\_\_\_\_

## 3) Payment

|                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |             |             |  |  |                 |     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|-------------|-------------|--|--|-----------------|-----|
| <input type="radio"/> <b>Cheque or Money order</b><br>Please make payable to <u>BC SPCA</u> - Attn: Champions for Animals<br>1245 East 7th Ave<br>Vancouver, BC, V5T 1R1<br>Or mail to your local branch. | <b>Please do not send cash.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |             |             |  |  |                 |     |
| <input type="radio"/> <b>Credit Card</b><br><input type="checkbox"/> VISA<br><input type="checkbox"/> Mastercard<br><input type="checkbox"/> AMEX                                                         | <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black; width: 60%;"></td> <td style="border-bottom: 1px solid black; width: 40%;"></td> </tr> <tr> <td style="text-align: center;">Card Number</td> <td style="text-align: center;">Expiry Date</td> </tr> <tr> <td style="border-bottom: 1px solid black; width: 60%;"></td> <td style="border-bottom: 1px solid black; width: 40%;"></td> </tr> <tr> <td style="text-align: center;">Cardholder Name</td> <td style="text-align: center;">CVC</td> </tr> </table> |  |  | Card Number | Expiry Date |  |  | Cardholder Name | CVC |
|                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |             |             |  |  |                 |     |
| Card Number                                                                                                                                                                                               | Expiry Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |             |             |  |  |                 |     |
|                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |             |             |  |  |                 |     |
| Cardholder Name                                                                                                                                                                                           | CVC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |             |             |  |  |                 |     |
| Signature: _____ Date: _____                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |             |             |  |  |                 |     |

*On behalf of the animals, thank you for supporting the BC SPCA.*

|                                                                         |                                                                         |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------|
| For Internal Use Only:                                                  |                                                                         |
| <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | <div style="border: 1px solid black; height: 20px; width: 100%;"></div> |
| Fund                                                                    | RE Batch Number                                                         |

- All donations will be credited in Canadian dollars.
- All donations are 100% tax receiptable, and are non-refundable and non-transferable.
- Donations of \$10 or more will automatically receive a tax receipt.
- The BC SPCA does not sell, rent, trade or otherwise share the names of our supporters.