

**1) My Info**

Claire Schofield	Comox Valley	280	-	319
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> Please make payable to <u>BC SPCA</u> - Attn: Champions for Animals 1245 East 7th Ave Vancouver, BC, V5T 1R1 Or mail to your local branch.	<b>Please do not send cash.</b>								
<input type="radio"/> <b>Credit Card</b> <input type="checkbox"/> VISA <input type="checkbox"/> Mastercard <input type="checkbox"/> AMEX	<table border="1"> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>Card Number</td> <td>Expiry Date</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>Cardholder Name</td> <td>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:

_____	_____
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.