

## 1) My Info

|                                        |                        |                                     |
|----------------------------------------|------------------------|-------------------------------------|
| Jennifer Horvath                       | Areas of Greatest Need | 368                                 |
| 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 *                        |
| Phone (REQUIRED)* |             | E-mail Address* (REQUIRED FOR E-RECEIPT) |

## 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 border="1"> <tr> <td>Card Number</td> <td>Expiry Date</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.