

1) My Info

North Care Animal Hospital	West Vancouver	395	-	424
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

☐ Cheque or Money order 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.	Please do not send cash.				
☐ Credit Card ☐ VISA ☐ Mastercard ☐ 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.