

1) My Info

Team: Harrison Hot Springs Elementary School			Area of Greatest Need	-	97
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 BC SPCA - 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

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:	
<input type="text"/>	<input type="text"/>
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.