

Thank you for your support of the animals.

1. Registration at champions.sPCA.bc.ca helps keep our administration costs low.
2. All information requested is important to us a is required for tax receipts. Please complete the form full or enter gifts online for automatic tax receipts
3. Anonymous funds are not eligible for tax receipt. Please enter any additional funds received on the "Additional Funds Collected" line at the bottom of this form.
4. Please ensure all totals add up correctly on the "Grand Total" line
5. Please print clearly and make all cheques payable to the BC SPCA and mail to:
Champions for Animals
1245 E 7th Ave
Vancouver, BC
V5T 1R1
 Tax receipts will be issued for donations of \$10 or more

FUNDRAISER NAME: _____

EVENT & LOCATION: _____ DATE: _____

FIRST NAME	LAST NAME	PHONE ()	E-MAIL	DONATION AMOUNT / TYPE
ADDRESS				\$ _____
CITY				<input type="checkbox"/> Cheque # _____
PROV				<input type="checkbox"/> Credit Card <input type="checkbox"/> Cash
POSTAL CODE				<input type="checkbox"/> Use host credit card
CARD NUMBER / /	EXPIRY DATE /	SIGNATURE		<input type="checkbox"/> Tax receipt requested
NAME	NAME	PHONE ()	E-MAIL	DONATION AMOUNT / TYPE
ADDRESS				\$ _____
CITY				<input type="checkbox"/> Cheque # _____
PROV				<input type="checkbox"/> Credit Card <input type="checkbox"/> Cash
POSTAL CODE				<input type="checkbox"/> Use host credit card
CARD NUMBER / /	EXPIRY DATE /	SIGNATURE		<input type="checkbox"/> Tax receipt requested
FIRST NAME	LAST NAME	PHONE ()	E-MAIL	\$ _____
ADDRESS				<input type="checkbox"/> Cheque # _____
CITY				<input type="checkbox"/> Credit Card <input type="checkbox"/> Cash
PROV				<input type="checkbox"/> Use host credit card
POSTAL CODE				<input type="checkbox"/> Tax receipt requested
CARD NUMBER / /	EXPIRY DATE /	SIGNATURE		
FIRST NAME	LAST NAME	PHONE ()	E-MAIL	DONATION AMOUNT / TYPE
ADDRESS				\$ _____
CITY				<input type="checkbox"/> Cheque # _____
PROV				<input type="checkbox"/> Credit Card <input type="checkbox"/> Cash
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CARD NUMBER / /	EXPIRY DATE /	SIGNATURE		<input type="checkbox"/> Tax receipt requested
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ADDRESS				\$ _____
CITY				<input type="checkbox"/> Cheque # _____
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CARD NUMBER / /	EXPIRY DATE /	SIGNATURE		<input type="checkbox"/> Tax receipt requested
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ADDRESS				\$ _____
CITY				<input type="checkbox"/> Cheque # _____
PROV				<input type="checkbox"/> Credit Card <input type="checkbox"/> Cash
POSTAL CODE				<input type="checkbox"/> Use host credit card
CARD NUMBER / /	EXPIRY DATE /	SIGNATURE		<input type="checkbox"/> Tax receipt requested

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Please do not mail cash.
 If no cheques - form can also be emailed to champions@spca.bc.ca

FIRST NAME	LAST NAME			PHONE ()	E-MAIL
ADDRESS			CITY	PROV	POSTAL CODE
CARD NUMBER	/	/	/	EXPIRY DATE	SIGNATURE

DONATION AMOUNT / TYPE
\$ _____

Cheque # _____
 Credit Card Cash
 Use host credit card
 Tax receipt requested

FIRST NAME	LAST NAME			PHONE ()	E-MAIL
ADDRESS			CITY	PROV	POSTAL CODE
CARD NUMBER	/	/	/	EXPIRY DATE	SIGNATURE

DONATION AMOUNT / TYPE
\$ _____

Cheque # _____
 Credit Card Cash
 Use host credit card
 Tax receipt requested

FIRST NAME	LAST NAME			PHONE ()	E-MAIL
ADDRESS			CITY	PROV	POSTAL CODE
CARD NUMBER	/	/	/	EXPIRY DATE	SIGNATURE

DONATION AMOUNT / TYPE
\$ _____

Cheque # _____
 Credit Card Cash
 Use host credit card
 Tax receipt requested

FIRST NAME	LAST NAME			PHONE ()	E-MAIL
ADDRESS			CITY	PROV	POSTAL CODE
CARD NUMBER	/	/	/	EXPIRY DATE	SIGNATURE

DONATION AMOUNT / TYPE
\$ _____

Cheque # _____
 Credit Card Cash
 Use host credit card
 Tax receipt requested

FIRST NAME	LAST NAME			PHONE ()	E-MAIL
ADDRESS			CITY	PROV	POSTAL CODE
CARD NUMBER	/	/	/	EXPIRY DATE	SIGNATURE

DONATION AMOUNT / TYPE
\$ _____

Cheque # _____
 Credit Card Cash
 Use host credit card
 Tax receipt requested

FIRST NAME	LAST NAME			PHONE ()	E-MAIL
ADDRESS			CITY	PROV	POSTAL CODE
CARD NUMBER	/	/	/	EXPIRY DATE	SIGNATURE

DONATION AMOUNT / TYPE
\$ _____

Cheque # _____
 Credit Card Cash
 Use host credit card
 Tax receipt requested

FIRST NAME	LAST NAME			PHONE ()	E-MAIL
ADDRESS			CITY	PROV	POSTAL CODE
CARD NUMBER	/	/	/	EXPIRY DATE	SIGNATURE

DONATION AMOUNT / TYPE
\$ _____

Cheque # _____
 Credit Card Cash
 Use host credit card
 Tax receipt requested

I would like to pay the unpaid balance of my donors' pledges in full by credit card.

Credit Card # _____

Expiry MM/YY _____ Balance Paid \$ _____

Signature _____

Subtotal of donations on this form
\$ _____

Additional funds collected
*a tax receipt will not be issued
\$ _____

GRAND TOTAL
*add the two numbers above
\$ _____