



DONATION FORM

PERSONAL INFORMATION

Full Name : _____
Address : _____
City : _____ Province : _____
Province : _____
Email Address : _____
Phone Number : _____

DONATION DETAILS

Donation Amount : _____
Donation Method : Credit Card Cash Cheque

If paying by Credit Card:




I prefer to pay by : Visa MasterCard American Express
Card Number : _____
Name on Card : _____
Expiry Date : _____ CVV : _____

Would you like to receive a receipt for tax purposes? (*Available for minimum \$25 donations*) : Yes No
Please note that donation receipts will be sent out within 60 days of the donation by email.

****By submitting this donation, I confirm that I am the cardholder or account holder and authorize Parent Support Services of BC to charge the specified donation amount to the provided payment method.***

I hereby confirm the donation details provided above.

Date : _____
Name (printed) : _____
Signature : _____

 5623 Imperial St, Burnaby BC V5J 1G1
 (604) 669-1616 (Office)
 <https://www.parentsupportbc.ca/>

THANK YOU