



# DONATION FORM

## PERSONAL INFORMATION

Full Name : \_\_\_\_\_

Address : \_\_\_\_\_

City : \_\_\_\_\_ 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 add \$1.43 to help cover the processing fees? :  Yes  No

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 (m/d/yy) : \_\_\_\_\_

Name (printed) : \_\_\_\_\_

Signature : \_\_\_\_\_

📍 5623 Imperial St, Burnaby BC V5J 1G1

☎ (604) 669-1616 (Office)

🌐 <https://www.parentsupportbc.ca/>

**THANK YOU**