



## 1) My info

Bri MacBain	Areas of Greatest Need	2	-	386
Name of Participant Being Supported	Animal Centre 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 *On behalf of the animals, thank you for supporting the BC SPCA.*

<input type="radio"/> <b>Cheque or Money order -</b> Payable to BC SPCA <b>When can we expect it?</b> _____																									
<input type="radio"/> Cash <b>When can we expect it?</b> _____																									
<input type="radio"/> <b>Credit Card</b> <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> AMEX	<table><tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr><tr><td colspan="4">Card Number</td></tr><tr><td colspan="2">_____</td><td colspan="2">_____</td></tr><tr><td colspan="2">Cardholder Name</td><td colspan="2">Expiry Date</td></tr><tr><td colspan="2">_____</td><td colspan="2">_____</td></tr><tr><td colspan="2"></td><td colspan="2">CVC</td></tr></table>	_____	_____	_____	_____	Card Number				_____		_____		Cardholder Name		Expiry Date		_____		_____				CVC	
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<b>For Internal Use Only:</b>	
_____	_____
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