The Lower Mainland Purpose Society 40 Begbie Street, New Westminster, BC V3M 3L9 Phone (604) 526-2522 Fax (604) 526-6546 Email: mail@purposesociety.org



DONATION FORM

Mr □ Mrs □ Ms □ Dr □	Name of Donor				
Address					
Telephone		Email Address			
Tax Receipt Required?		yes O	N	ю О	
DONATION DETAILS					
O Cash					
O Cheque			\$		\neg
O Credit card – MC O Credit card – Visa					
Name on card					
Credit card no					
Expiry date		CV Number			
Gift in Kind: (Receipts must be attached for all Gifts In Kind requiring a tax receipt). (Please sign declaration below) Program Event					
_	s Hampers (No	_			
○ General:		_	Other:		_
Ι,			_, declare	that the value of o	donation
(incl. goods) is \$_					
Signature of	Donor		[Date	
Donation rec	eived by		Date		