

DONATION FORM

BC FAMILY HEARING RESOURCE SOCIETY



Yes, I want to help to ensure children have a Bright Future! I would like to donate:

\$25 \$50 \$100 \$500 \$1000 \$_____ /month for _____ months

I prefer to donate \$_____ (Annual donations of \$25 and over will receive a Society membership.)

Billing

Cheque Money Order Please debit my bank account \$ _____ (attach void cheque)

Bill my MasterCard Visa American Express

Card # _____ Expiration Date _____

Signature (required for all donations) _____

Once your donation has been processed, we will send you a tax receipt. If you are making your donation by cheque or money order, please make it payable to the BC Family Hearing Resource Society.
Thank you for your kind donation to help children.

Name for Recognition _____

Name _____

Address _____ City _____

Province _____ Postal Code _____ Phone _____ Email: _____

- Please send me more information about the BC Family Hearing Resource Society.
- Please send me more information about the Society's Special Events.
- Please contact me regarding Corporate Sponsorship.
- Please send me information about gifts, annuities, gifts of life insurance, marketable securities and charitable trusts.
- Please contact me regarding volunteer opportunities with the BC Family Hearing Resource Society.

Please send the completed form back to us or donate online through our website:

BC FAMILY HEARING RESOURCE SOCIETY
15220 92nd Avenue Surrey BC V3R 2T8

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Website: www.bcfamilyhearing.com **email:** info@bcfamilyhearing.com

Registered Charity # 13300 – 0182 – RR0001