

DONATION FORM

Please print, complete and send this form to:

BC SPCA
Donor Relations Team
1245 East 7th Avenue
Vancouver BC V5T 1R1

Fax: 604-681-7022
Phone: 604-681-7271 x 1501
800-665-1868 x 1501



Donor Information

Salutation: Mr. Mrs. Ms. Dr. Other: _____

First Name: _____ Last Name: _____

Address: _____

City: _____ Prov: _____ Postal Code: _____

Home Phone: _____ Email: _____

The BC SPCA does not sell, trade or otherwise share our mailing lists. To view our complete privacy policy, visit spca.bc.ca.

Please do not send updates and information on the BC SPCA. Please send me information on leaving a gift in my will.

Tribute Information

In Memory of: _____

In Honour of: _____ Honour Reason: _____

Please send Acknowledgment Card to: No Card Required Name & Address Below

First Name: _____ Last Name: _____

Address: _____

City: _____ Prov: _____ Postal Code: _____

One-Time Gift

Single Gift Amount: \$100 \$50 \$35 Other: \$_____

A tax receipt will be issued for donations of \$10 or more, unless requested.

Single Gift Type: Cheque Enclosed (payable to BC SPCA) Credit Card (provided below)

PAW Plan Monthly Giving

Please withdraw: \$60 \$30 \$18 Other: \$_____ per month from my
 Credit Card (provided below) Bank Account (VOID cheque enclosed)

Becoming a monthly supporter is the best way you can make a difference for abused animals, 365 days a year. Benefits include a photograph of an animal in our care, a subscription to our AnimalSense magazine, our popular Animal Lovers' Calendar each September and one annual tax receipt in February. For more information on the BC SPCA PAW Plan, please visit us at spca.bc.ca.

Designation Information

Please direct my gift to: The Highest Priority Needs Fund The Biscuit Fund for Medical Care
 The Heroes Fund for Animal Protection The October Grey Fund for Animal Care
 The Monty Fund for Community Education & Outreach
 Branch/Shelter (specify): _____

Payment Information

Credit Card Type: VISA Mastercard American Express

Credit Card Number: _____ / _____ / _____ / _____ Expires: _____ / _____

Signature: _____ Date: _____

On behalf of those who cannot speak for themselves, the staff and volunteers of the BC SPCA thank you!