



FRASER VALLEY HUMANE SOCIETY  
Feline Adoption & Rescue Centre  
33103 N. Railway Ave.  
Mission, BC V2V 1E3 – 604-820-2977

## DONATION FORM

*E.g.: For all Money value*

Date: \_\_\_\_\_

### YOUR INFORMATION

Name: \_\_\_\_\_  
(First name) (Last name)

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

City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

**Please note: Tax receipts for amounts of \$25 and over are issued quarterly**

### DONATION DETAILS

Donation is in **Celebration** of: \_\_\_\_\_

Donation is in **Memory** of: \_\_\_\_\_

If this donation is in Celebration of or in Memory of, do you wish an acknowledgement sent to the family?  **Yes**  **No** If **Yes**, the acknowledgement is to be sent to:

Name: \_\_\_\_\_  
(First name) (Last name)

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

City: \_\_\_\_\_ Prov. \_\_\_\_\_

Postal Code: \_\_\_\_\_

### PAYMENT OPTIONS

**In Person**  **Via Mail**  **By Phone** Donation amount: \$ \_\_\_\_\_

**Cash**  **Debit**  **Visa**  **MasterCard**  **Cheque #** \_\_\_\_\_

Credit card #: \_\_\_\_\_

Name as it appears on credit card: \_\_\_\_\_

Expiry date: \_\_\_\_/\_\_\_\_/\_\_\_\_ CVV # \_\_\_\_\_ (for phone requests only)

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

*Thank you. Your donation will make a difference!*

### OFFICE USE ONLY:

Receipt issued # \_\_\_\_\_

Date mailed/e-mail sent: \_\_\_\_\_