



# DONATION FORM

Your Name: \_\_\_\_\_  
Address (to receive tax receipt) \_\_\_\_\_  
City: \_\_\_\_\_  
Postal Code: \_\_\_\_\_  
Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_  
Mobile: \_\_\_\_\_ Fax: \_\_\_\_\_  
E mail: \_\_\_\_\_

Donation Amount:  \$50  \$100  Other \_\_\_\_\_  
Donations of \$20 or more will receive a tax receipt

Enclosed is a cheque or money order made payable to **Seniors Services Society**

I would like to donate by credit card:  **VISA**  **MASTERCARD**  
 **OTHER** \_\_\_\_\_

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

Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

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

**Send the completed Donation Form by MAIL or FAX  
with your cheque or credit card information to:**

Seniors Services Society  
750 Carnarvon Street  
New Westminster, BC V3M 1E7  
Tel (604) 520-6621 Fax (604) 520-1798

Registered Charity Number 55435 4564 RR0001