DONATION AND GIFT FORM

Yes, I would like to support the Single Parent Resource Centre!

SINGLE PARENT RESOURCE CENTRE OF VICTORIA

PLEASE COMPLETE THIS FORM AND MAIL OR FAX IT TO:

Victoria Single Parent Resource Centre,
602 Gorge Road East
Victoria, BC
V8T 2W6

Phone: (250) 385 1114
Fax: (250) 361 3554

All donations will receive a charitable receipt.

CHARITABLE REGISTRATION NUMBER 10798 2472 RP0001

MONTHLY GIFT

I want to make my monthly gift of (PLEASE CHECK AMOUNT):

☐ $60 ☐ $40 ☐ $20 The amount of $ _____

Please process my monthly gift on the (PLEASE CHECK): ☐ 1st, or the ☐ 15th.

SINGLE GIFT

Here is my single gift of (PLEASE CHECK AMOUNT):

☐ $1000 ☐ $500 ☐ 100 ☐ $60 The amount of $ _____

PLANNED GIFT

☐ I have included the SPRC in my Will.

☐ Please send information on including the SPRC in my Will.

☐ I would like to learn more about your programs for my estate planning.

☐ I prefer to make my gift with (PLEASE CHECK): ☐ Cheque ☐ Visa ☐ M/C

☐ I have included a void cheque for monthly withdrawals.

NAME _____ SIGNATURE _____

ADDRESS _____ CITY _____ PROV _____ POSTAL CODE _____

EMAIL _____ PHONE _____

CREDIT CARD NUMBER _____ EXPIRY DATE _____

Thank you for supporting single parents and their children in our community!