DONATION FORM

BC FAMILY HEARING RESOURCE SOCIETY

25 years of making futures bright

Brightfutures for Children

BC Family Hearing Resource Society

☐ *Yes, I want to help to ensure children have a Bright Future!*

Please indicate your choice by placing a check (✔) in the appropriate box.

☐ $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 _____

(Please print clearly in block letters.)

Name _____

Address _____ City _____

Post Code _____ Phone _____

☐ 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 return this form in an envelope to:

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

Tel: 604-584-2827 TTY: 604-584-9108 Fax: 604-584-2800 Toll Free: 1-877-584-2827

website: www.bcfamilyhearing.com email:info@bcfamilyhearing.com

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