



DONATION FORM

PERSONAL INFORMATION

Full Name : _____

Address : _____

City : _____ Province : _____

Email Address : _____

Phone Number : _____

DONATION DETAILS

Donation Amount : _____

Donation Method : ☐ Credit Card ☐ Cash ☐ Cheque

If paying by Credit Card:

I prefer to pay by : ☐ Visa ☐ MasterCard ☐ American Express

Card Number : _____

Name on Card : _____

Expiry Date : _____ CVV : _____

Would you like to add \$1.43 to help cover the processing fees? : ☐ Yes ☐ No

Would you like to receive a receipt for tax purposes? (*Available for minimum \$25 donations*) : ☐ Yes ☐ No

Please note that donation receipts will be sent out within 60 days of the donation by email.

**By submitting this donation, I confirm that I am the cardholder or account holder and authorize Parent Support Services of BC to charge the specified donation amount to the provided payment method.*

I hereby confirm the donation details provided above.

Date : _____

Name (printed) : _____

Signature : _____

SCAN
ME!



Donate
Online
Here!

📍 330-3665 Kingsway, Vancouver, BC V5R 5W2

☎ (604) 669-1616 (Office)

🌐 <https://www.parentsupportbc.ca/>

THANK YOU