

Donation Form

PHC COMMUNITY GIVING

Donor Information

Issue Tax Receipt to: Individual Company

DR. MR. MRS. MS. OTHER _____

FIRST NAME

ADDRESS

EMAIL

DEPARTMENT / DIVISION / PROGRAM

I would like to receive information from St. Paul's including updates, news, and opportunities to show my support. (You may withdraw consent at any time.)

DATE

RE ID # (For St. Paul's Foundation Internal Use Only)

COMPANY NAME

LAST NAME

PROVINCE

POSTAL CODE

PHONE

My Gift (choose one)

I would like to make a **One-time Gift** of: \$ _____

I would like to become a **Monthly Donor** and make a gift of: \$ _____

I authorize St. Paul's Foundation to withdraw this amount from my credit card (details below) or bank account on the 1st of every month (attach a VOID cheque). I understand I can revoke or change my authorization by calling 1.800.720.2983 or 604.682.8206 (please allow time for processing).

I would like to become a **Payroll Donor** and authorize a deduction every pay period of: \$ _____

St. Paul's Foundation with follow-up to confirm your information.

Payment Information (choose one)

Cheque Enclosed (please make payable to St. Paul's Foundation)

Please charge my: VISA MasterCard AMEX

CARD NUMBER

EXPIRY DATE

NAME ON CARD

SIGNATURE

RECEIPT TYPE: Mail Receipt Email Receipt Acknowledgement Receipt N/A

Use of Gift (choose one, and thank you for being a star!)

Gifts of \$5,000 or more can have a split designation to St. Paul's Foundation Fund and to a specific area of interest. Let us know how you would like to designate your gift:

100% designated to the St. Paul's Foundation Fund (for the Lights of Hope Campaign)

_____ % to St. Paul's Foundation Fund for Lights of Hope (25% min. to receive Lights of Hope recognition) and _____ % to _____

Recognition (see Lights of Hope Recognition Chart for details on where your name may be displayed and applicable deadlines)

I give permission to list my name. My name should appear as: _____

Please count my gift toward my group total. My group name is: _____

I request the Foundation to tell my group I made a gift. Please inform this person: _____

You can mail, drop off or fax your donation or please donate online at lightsofhope.com/donate

St. Paul's Foundation Suite 178 - 1081 Burrard Street, Vancouver, BC V6Z 1Y6
TELEPHONE 604.682.8206 or 1.800.720.2983 or FAX 604.806.8326 EMAIL spfoundation@providencehealth.bc.ca
Please allow up to four weeks for a tax receipt. Charitable Registration #11925 7939 RR0001

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