



# Donation Form

## Please direct my donations to:

BC SPCA Areas of Greatest Need

My Local BC SPCA Branch: \_\_\_\_\_  
(Branch Name)

### Important instructions

*Tax receipts will be issued for donations of \$10 or more.  
All cheques should be payable to THE BC SPCA.*

1. Registration at [www.treatweek.ca](http://www.treatweek.ca) helps keep our administrative costs low.

2. Please complete the form full or enter gifts online for automatic tax receipts. All information requested is important to us and is required for tax receipts.

3. Anonymous funds are not eligible for tax receipts. Please enter any anonymous funds received on the "Additional Funds Collected" line at the bottom of this form.

4. Please ensure all totals add up correctly on the "Grand Total" Line.

5. Please print clearly and make all cheques payable to **The BC SPCA** and mail to:

**1245 E 7th Ave Vancouver, BC V5T 1R1**

### Please fill out this section if you have registered online

Treat Week Event HOST NAME: \_\_\_\_\_

Participant ID NUMBER\* \_\_\_\_\_

\*Your participant ID number can be found in your Participant Centre at [www.treatweek.ca](http://www.treatweek.ca)

#### EMAIL

\*By providing your email address and phone number, you are agreeing to be contacted by the BC SPCA.

TEAM NAME (if applicable): \_\_\_\_\_

\*If this is a new team, you will be the team captain

### Please fill out this section if you have not registered online

Treat Week Event Host Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email: \_\_\_\_\_

I am under the age of 17

Yes  
 No

FIRST NAME	LAST NAME	PHONE ( )	E-MAIL	DONATION AMOUNT / TYPE \$
ADDRESS	CITY	PROV	POSTAL CODE	<input type="checkbox"/> Cheque # _____ <input type="checkbox"/> Credit Card <input type="checkbox"/> Cash <input type="checkbox"/> Use host credit card <input type="checkbox"/> Tax receipt requested
CARD NUMBER / /	EXPIRY DATE /	SIGNATURE		
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CARD NUMBER / /	EXPIRY DATE /	SIGNATURE		

Subtotal of donations on this form

\$ \_\_\_\_\_

Additional funds collected

\*a tax receipt will not be issued

\$ \_\_\_\_\_

**GRAND TOTAL**

\*add the two numbers above

\$ \_\_\_\_\_

**I would like to pay the unpaid balance of my donors' pledges in full by credit card.**

Credit Card # \_\_\_\_\_

Expiry MM/YY \_\_\_\_\_ Balance Paid \$ \_\_\_\_\_

Signature \_\_\_\_\_

Event organized by:



BC SPCA  
1245 East 7th Ave.  
Vancouver, BC V5T 1R1

1-800-665-1868  
sPCA.bc.ca  
Charitable Registration No.  
#11881-9036-RR0001