



# Donation Form

## Please direct my donations to:

BC SPCA Areas of Greatest Need

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

### IMPORTANT INSTRUCTIONS

- Registration at [www.treatweek.ca](http://www.treatweek.ca) helps keep our administration costs low.
- All information requested is important to us and is required for tax receipts. Please complete the form full or enter gifts online for automatic tax receipts
- Anonymous funds are not eligible for tax receipts. Please enter any additional funds received on the "Additional Funds Collected" line at the bottom of this form.
- Please ensure all totals add up correctly on the "Grand Total" line
- Please print clearly and make all cheques payable to the BC SPCA and mail to:  
**Treat Week**  
**1245 E 7th Ave**  
**Vancouver, BC**  
**V5T 1R1**  
 Tax receipts will be issued for donations of \$10 or more

### 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)

*\*To qualify for pre-event prizing you must register online at [www.treatweek.ca](http://www.treatweek.ca)*

### Please fill out this section if you HAVE NOT registered online

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

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

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

Phone Number: \_\_\_\_\_

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*

I am a youth participant (17 and under):  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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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