



YES! I WANT TO MAKE A DIFFERENCE FOR BC'S CHILDREN AND YOUTH!

DONOR INFORMATION

First Name _____ Last Name _____

I would like my donation to remain anonymous

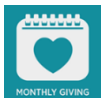
Phone _____ HOME / CELL Email _____

Address _____
STREET CITY PROV POSTAL CODE



ONE-TIME DONATION

\$500 \$250 \$100 \$75 \$50 Other \$ _____



MONTHLY DONATION

\$100 \$50 \$35 \$25 \$20 Other \$ _____

PAYMENT OPTIONS

Cheque (payable to Vancity Community Foundation-First Call) VOID Cheque (for monthly donors via direct debit)
 VISA Mastercard _____ / _____
(for one time or monthly) CARD NUMBER EXPIRY (MM/YY) CVV (SECURITY NUMBER) SIGNATURE

Credit card donations can also be made online by visiting www.firstcallbc.org/donate

MONTHLY DONOR AGREEMENT (monthly donors only):

I authorize the Vancity Community Foundation on behalf of First Call: BC Child and Youth Advocacy Coalition to process my donation through my account or on my credit card on the 15th day of each month.

I understand that I have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this Monthly Donor Agreement. I may revoke my authorization at any time, subject to providing notice of 30 days. To obtain a sample cancellation form, or for more information on my recourse rights or on my right to cancel a Monthly Donation Agreement, I may contact my financial institution or visit www.cdnpay.ca.

SIGNATURE

DATE

THANK YOU FOR HELPING PUT BC'S CHILDREN AND YOUTH FIRST!

*Please return this form by mail to 810-815 West Hastings Street, Vancouver, BC, V6C 1B4
or by email to info@firstcallbc.org*

First Call's charitable activities are hosted by the Vancity Community Foundation #BN 89202 8242 RR0001

Tax receipts automatically issued by the Vancity Community Foundation for donations of \$20 or more

810-815 West Hastings Street, Vancouver, BC, V6C 1B4 www.firstcallbc.org (p) 604-709-6962 (e) info@firstcallbc.org