



Senior Link Independent Living Society

DONATION FORM

I WOULD LIKE TO DONATE \$ _____ Date: _____

First Name: _____ Last Name: _____

Address: _____ Suite/Apartment #: _____

City: _____ Postal Code: _____

Phone: (10 digits) _____ Cell Phone: (10 digits) _____

Email: _____

Do You Give Permission to Add Your Email to Our Distribution List?
Yes ____ No ____

Credit Card Information: Visa Mastercard Paypal

Full Name on Card: _____

Credit Card Number: _____

Expiry Date: MM ____ YYYY ____ CSV: ____ (Found on back of card)

Cash: Cheque attached:

An official Charitable Tax receipt will be issued over \$25
Registered Charity #898259619RR0001
Senior Link Independent Living Society
104 7831 Steveston Hwy.
Richmond, B.C. V7A 1L9