



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

100-12031 2nd Ave

Richmond, B.C. V7E 3L6