

Donation Form

- Please enclose this form along with your donation.
- We issue income tax receipts for all donations and will mail a receipt to the address you provide below.
- For donation inquiries please contact: Elizabeth Lam at Elizabeth.Lam@surrey.ca or 604-591-4417

My Information:		
Ms. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr. and Mrs. <input type="checkbox"/> Other _____	First Name: Last Name:	Initial:
Street Address:		
City:	Province:	Postal Code:
Phone # :	Email:	
Please use my donation for:		
<input type="checkbox"/> SURREY ICORN PROJECT		
Donation Details:		
<input type="checkbox"/> I would like to make a one-time donation		
<input type="checkbox"/> I would like to make a recurring donation		
I authorize City of Surrey to charge my credit card for the monthly donation amount specified below.		
\$150 <input type="checkbox"/> \$100 <input type="checkbox"/> \$75 <input type="checkbox"/> \$50 <input type="checkbox"/> \$25 <input type="checkbox"/> Other \$ _____		
Name as it appears on Credit Card: _____		
<input type="checkbox"/> Personal Cheque <input type="checkbox"/> Cash <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Amex	Credit Card # <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Expiry date: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> CVV (card security code): <input type="text"/> <input type="text"/> <input type="text"/>	
Charitable Tax Credit Receipt will be issued for the calendar year in which the donation was made.		
_____ Signature		_____ Date