



**DONATION FORM**

**YES!** I will support the Greater Victoria Eldercare Foundation.

**I am enclosing a one-time donation of:**

\$35     \$50     \$100     \$250     \$500     \$1,000     Other \$\_\_\_\_\_

Mr.     Mrs.     Ms     Dr     Other:\_\_\_\_\_

First Name:\_\_\_\_\_ Last Name:\_\_\_\_\_

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

City:\_\_\_\_\_ Prov/State:\_\_\_\_\_ Postal/Zip:\_\_\_\_\_

Country:\_\_\_\_\_ Home Tel:\_\_\_\_\_ Email:\_\_\_\_\_

- I enclose my cheque or money order payable to Greater Victoria Eldercare Foundation.
- Please charge the above amount to my credit card. *(Please complete credit card info below.)*

Credit Card Information:  Visa     Mastercard     American Express

Name on Card:\_\_\_\_\_

Card Number:\_\_\_\_\_ Expiry Date:\_\_\_\_\_

Signature:\_\_\_\_\_

Please use my donation for:  Area of Greatest Need     Other:\*\_\_\_\_\_

Type of donation:  **General Donation**     **In Memory**     **In Honour**

Gift in memory of: (name of deceased)\_\_\_\_\_

Gift in honour of: (name of individual)\_\_\_\_\_

Send acknowledgement card to:

First Name:\_\_\_\_\_ Last Name:\_\_\_\_\_

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

City:\_\_\_\_\_ Prov/State:\_\_\_\_\_ Postal/Zip:\_\_\_\_\_

How would you like the card to be signed?(name or names)\_\_\_\_\_

- Please contact me to discuss how I can give publicly traded shares of stock to the Foundation.
- Please send me information on how I can leave a legacy through a planned gift in my Will or Life Insurance.

*\*To support the ongoing operational costs of the Foundation and to help purchase wish list items where no designated funds are available, our policy is to transfer 10% of restricted donations to our unrestricted funds.*

**Thank you for supporting the Greater Victoria Eldercare Foundation.**

Please mail to: 1454 Hillside Ave., Victoria, BC V8T 2B7 or FAX to: 250-370-5697