

## **DONATION FORM**

Since 1977, Brella Community Services Society, a non-profit organization, has provided community-based services enabling older adults, their families, and caregivers to lead full, engaged, and meaningful lives. We would like to acknowledge that we work, learn and connect on the shared, unceded traditional territory of the Katzie, Semiahmoo, Kwantlen and other Coast Salish Peoples.

PERSONAL INFORMATION	ON	
Corporation Name (if ap	plicable):	
First Name:	Middle Name:	Last Name:
Street Address:		City:
Province:	Postal Code:	
Email Address:		Phone Number:
DONATION DETAILS (red	quired)	
I would like to donate:	□\$25 □\$50 □\$100 □\$	\$250
I would like to designate	my gift to:	
☐ Dementia & Caregive	r Services $\;\;\square$ Community Se	ervices $\square$ Meal Program $\square$ Area of Most Need
I would like to make my	gift in memory of:	
I would like to make my	gift on behalf of:	
PERSONAL PREFERENCE	S (optional)	
$\square$ I wish to remain anon	rymous.	
$\square$ I do <u>not</u> wish to receive	ve Brella's newsletter.	
$\square$ I do <u>not</u> wish to receive	ve emails from Brella.	
$\square$ I do <u>not</u> wish to receive	ve direct mail from Brella.	
Note that you can unsub	scribe at any time if you no lo	onger wish to receive our newsletter or emails.
PAYMENT OPTIONS (requ	uired)	
$\square$ By cheque or by cash. <i>I</i>	Please do not mail cash. Mail c	or deliver this form with your cheque to the address below
☐ By credit card: Visa ☐	Master Card ☐ Amex ☐	
Credit Card Number		Expiry Date:
		Security Code:

Or email to impact@brellasociety.ca.

**THANK YOU!** We appreciate your support. Your generous gift will make a difference in the lives of older adults and caregivers who need it the most. Registered Charity # 129908489-RR-0001. A tax receipt will be issued

