



Vancouver Botanical Gardens Association

Donation Form

Donor Details

Name _____
 Address _____ City _____
 Province _____ Postal Code _____
 Phone _____ cell _____
 Email _____

To assist us in preparing our Annual Donor Report Please indicate:

- My Name should appear as _____
- I wish to remain anonymous

Gift Details

- Yes! I will support the VBGA programs and projects.**
 Here is my gift of:
 \$25 \$36 \$88
 \$100 \$500 \$1,000
 Other \$ _____
 Cheque to VBGA enclosed Credit card (enter information below)

Monthly Giving Program

- I want to join the VBGA Monthly Giving Program**
 \$10 \$20 \$50
 \$100 Other \$ _____
- I want to donate monthly by:**
 Transfers from my bank account (void cheque enclosed)
 Charges to my Credit Card (enter card information below)
- Please deduct my donation on:**
 1st day of every month
 15th day of every month

I understand that I can change or cancel my monthly pledge at any time

Credit Card Information

Visa MC
 Credit Card # _____ expiry _____
 Name on Card _____
 Signature _____

Honour and Remembrance

- In Memory of _____
 - In Honour of _____
- Please Notify:
 Name _____ Address _____

Thank you for your support!

Vancouver Botanical Gardens Association
 5251 Oak Street Vancouver BC, Canada V6M 4H1
 Charitable Registration Number 11928 1301 RR0001
 A Charitable tax receipt will be issued for all gifts of \$20 or more