

DONATION FORM Help individuals on the autism spectrum and their families in BC
 Use this form to collect off-line cash or cheque donations. Questions? Please contact:
development@canucksautism.ca



Name of Pledge Collector (<i>first name/last name</i>)	Phone number	Email address (<i>Please print in CAPITAL CASE.</i>)
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Donor Information: Any donation over \$20 will receive an official tax receipt. Donor address must be filled in to receive a tax receipt.				Amount pledged	Type of payment	Funds Received
First name Last name	Street address City/town Province/postal code	email address (required for tax receipt) <i>Please print clearly.</i>	Phone number	\$		
					<input type="checkbox"/> Cash <input type="checkbox"/> Cheque	<input type="checkbox"/>
					<input type="checkbox"/> Cash <input type="checkbox"/> Cheque	<input type="checkbox"/>
					<input type="checkbox"/> Cash <input type="checkbox"/> Cheque	<input type="checkbox"/>
					<input type="checkbox"/> Cash <input type="checkbox"/> Cheque	<input type="checkbox"/>
					<input type="checkbox"/> Cash <input type="checkbox"/> Cheque	<input type="checkbox"/>

Cheques should be made payable to:
 Canucks Autism Network
 *DO NOT MAIL CASH
 Registered Charity #82247 2957 RR0001

Mail cheques to:
 Canucks Autism Network
 1788 West 8th Ave
 Vancouver BC V6J 1V6