



This donation is being made on behalf of: Individual Business

Campaign Volunteer: _____

Individual Contact Information

Check one: Mr. Mrs. Miss Ms. Dr.

Last Name: _____

First Name: _____

Email: _____

Mailing Address: _____

City: _____

Prov: _____ Postal Code: _____

Phone: _____

I wish my gift to be recognized with the following name:

I wish my gift to be anonymous

Business Contact Information

Business Name: _____

Division: _____

Email: _____

Mailing Address: _____

City: _____

Prov: _____ Postal Code: _____

Phone: _____

*We respect your privacy. For more information on our Privacy Policy, please visit www.victoriay.com



Change from every dollar

www.ymcastrongkids.ca

Gift Amount

I would like to make a one-time donation of:

\$50 \$100 \$250 \$500
 \$1,000 \$2,000 \$5,000 Other \$ _____

I would like to make a monthly donation of:

\$ _____ beginning _____ (mm/yy)

for # ___ months **OR** Continuous

Please deduct my monthly gift on: 1ST 8TH 15TH 23RD

**Donations of \$1,000 or over are recognized as
Members of the Chairs' Round Table.**

Income tax receipts will be issued for gifts of \$25.00 and over.



YMCA-YWCA Greater Victoria
851 Broughton Street
Victoria BC V8W 1E5
250-386-7511
www.victoriay.com

We build strong kids, strong families, strong communities.

Methods of Payment

cash cheque (Payable to YMCA-YWCA Greater Victoria)
 pre-authorized debit (PAD)

*If you selected PAD for monthly payment, please enclose a void
cheque from the bank account you wish to use.*

Credit Card type: VISA MasterCard Exp. Date: /

Card No: _____

Name on Card: _____

Signature: _____

*I have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or not consistent with this PAD Agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit www.cdnpay.ca.

*I may revoke my authorization at any time, subject to providing notice of 15 days. To obtain a sample cancellation form, or for more information on my right to cancel a PAD agreement, I may contact my financial institution, or visit www.cdnpay.ca

