



People for a Healthy Community on Gabriola Society

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Revenue Canada Charitable Registration No. 871480190RR0001

DONATION FORM

Your contribution is a special way to show your support for the important work of PHC on Gabriola and Mudge Islands. We are dedicated to our donors and volunteers, and we are honoured and grateful to have your support.

For our files and income tax purposes please complete the following:

First Name: _____ **Initial:** _____ **Last Name:** _____

Organization or Business Name: _____

(Only if donation is from an organization or business)

Mailing address: _____

_____ **Postal Code:** _____

Email: _____ **Phone:** _____

DONATIONS OPTIONS: (donations qualify for membership if you are not already a member).

One-time Donation \$ _____ Please make cheques payable to People for a Healthy Community

Monthly Donation (automatic electronic deduction)

I (we) authorize PHC to withdraw \$ _____ from my bank account on the _____ day of each month, beginning on _____ (dd/mm/yyyy). (Please attach a void cheque). I understand that I may revoke my authorization at any time, subject to 10 days notice by phone call to our office or your bank/credit union.

Yes, I would like a charitable donation tax receipt. All donations over \$10 are tax deductible. The receipts are issued in January / February for the previous year.

Please keep my gift anonymous (i.e. do not list in any public places or documents)
People for a Healthy Community does not trade, sell or share our mailing list of members and donors.

Signature: _____ **Date:** _____

Comments or suggestions to help us serve you and the community better – your thoughts matter to us!

