



Yes! I would like to donate!

\$35 \$50 \$100 \$200 Another amount _____

I would like to be a **MONTHLY DONOR**, hereby authorizing Aunt Leah’s Society to make automatic monthly withdrawals from my bank account or credit card as indicated. I have enclosed a cheque marked “void” or provided my credit card information.

Cheque Visa MC Card # _____ Exp. _____

Signature _____

My donation is to be anonymous.

Tax receipt issued to: Mr. Ms. Mr. & Mrs. Dr.

First Name: _____ Last Name: _____

Address: _____ City: _____ Province: _____ Postal Code: _____

Phone: _____ Alternate Phone: _____ Email: _____

This gift is made:

In memory of _____ In honour of _____

Please send notification to: Mr. Ms. Mr. & Mrs. Dr.

First Name: _____ Last Name: _____

Address: _____ City: _____ Province: _____ Postal Code: _____

Phone: _____ Alternate Phone: _____ Email: _____

The Gift That Keeps On Giving:

Please send me more information on planned giving. I have included Aunt Leah’s in my will.

Aunt Leah's Place 200 - 668 Carnarvon Street, New Westminster, B.C. V3M 5Y6

Tax receipts are automatically issued for donations over \$20. For donations under \$20, a receipt will be issued on request. Monthly Donors will receive a tax receipt for the total amount of their monthly gifts on an annual basis. For more information, please contact 604-525-1204.

Charitable No. 12304 1683 RR0001.

Building A Brighter Future For Foster Kids