

Donation Form

Yes! I want to support BC's Drive to Save Lives.

<p>Name: _____</p> <p>Apartment number and street address: _____</p> <p>City: _____</p> <p>Postal code: _____</p> <p>Phone: _____</p> <p>E-mail: _____</p> <p><input type="checkbox"/> Please e-mail information about BCAA Traffic Safety Foundation programs.</p>	<p><input type="checkbox"/> I would like to contribute the following amount each month to help the BCAA Traffic Safety Foundation reduce crashes and injuries on BC's roads all year.</p> <p><input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> \$75 <input type="checkbox"/> \$100 <input type="checkbox"/> Other: \$ _____ (\$25 minimum)</p> <p>Signature: _____</p> <p>Date: _____</p> <p><input type="checkbox"/> I authorize the deduction of the amount indicated above from my bank account in the first week of each month beginning with _____ (month). I've enclosed a cheque marked "Void" to begin the monthly contributions.</p> <p style="text-align: center;">OR</p> <p><input type="checkbox"/> Please charge my credit card in the first week of each month for the amount indicated above, beginning with _____ (month).</p> <p><input type="checkbox"/> Visa <input type="checkbox"/> MasterCard</p> <p>Card #: _____</p> <p>Expiry Date: ____ / ____</p> <p><i>I understand that I may cancel or change the amount of this authorization at any time by contacting the BCAA Traffic Safety Foundation.</i></p>
<p><input type="checkbox"/> Here's my tax deductible gift to the BCAA Traffic Safety Foundation. Please direct my donation to:</p> <p><input type="checkbox"/> Area of greatest need</p> <p><input type="checkbox"/> Alexa Middelaer Memorial Fund (impaired driving)</p> <p><input type="checkbox"/> Child Car Seat Matching Fund</p> <p><input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> \$75 <input type="checkbox"/> \$100 <input type="checkbox"/> Other: \$ _____</p> <p><input type="checkbox"/> Cheque <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard</p> <p>Card #: _____</p> <p>Expiry Date: ____ / ____</p> <p>Signature: _____</p> <p>Date: _____</p>	<p>Please return this form along with your donation made payable to:</p> <p>BCAA Traffic Safety Foundation 3020 Beta Avenue Burnaby B.C. V5G 4K4</p> <p>604-298-5107 www.bcaatsf.ca</p>

The information you provide on this form will only be used for the purpose stated. A copy of our Privacy Policy can be found at www.bcaatsf.ca. Receipts will be issued for gifts of \$25 or more.

Federally Registered Charity # 86742 1372 RR0001. (DonateFormJun09)