

DONATION FORM



300-3820 Cessna Drive, Richmond, BC Canada V7B 0A2
Toll Free 1.800.213.2131 press 3
Email donations@rickhansen.com
www.rickhansen.com

YOUR PERSONAL OR COMPANY INFORMATION FOR TAX RECEIPTS

Prefix/Title _____ First Name _____ Middle Initial _____ Last Name _____

Company (if corporate gift) _____
Receipt will be issued in the company name

Mailing Address _____ City _____ Province _____ Postal Code _____

Email _____ Phone _____

Yes! I would like to receive e-news updates from the Rick Hansen Foundation on the impact of my gifts.

**Receipts for gifts under \$20 will be sent a tax receipt only on request. Tax receipt required: [] Yes [] No*

DONATION AND PAYMENT INFORMATION

Donation information:

- I'm making a one-time gift of \$ _____
 I'm signing-up for monthly gifts of \$ _____ per month

Payment information:

Cheque (*Make your cheque payable to the Rick Hansen Foundation. For monthly donations, please enclose a void cheque.*)

Credit Card (*Please complete the information below*)

Date ___ / ___ / ____ (dd/mm/yyyy) Visa MasterCard
Credit Card # _____ Expiry Date ___ / ___ (mm/yy)
Name on Card _____ Signature _____

Designate my gift to: General Accessibility SCI Research School & Ambassador Program

I wish to remain anonymous. Please do not publicly recognize my gift:

MY GIFT IS A TRIBUTE GIFT

In honour of In memory of _____
First Name Last Name

I would like the following person to be notified of my gift:

Name _____ Mailing address _____ City _____ Province _____ Postal Code _____

TO MAIL THIS FORM:

Rick Hansen Foundation
Attn: Donor Services
300-3820 Cessna Drive
Richmond, BC CANADA V7B 0A2

Charitable Registration # 10765 9427 RR0001