

Community Living Wheelchair Van Replacement Donation Form

Donor Name: _____
(please print)

Mailing Address: _____

City: _____ Postal Code: _____

Phone #: _____ Email: _____

1. **I wish to make a cash donation in the amount of _____ to purchase a vehicle for the group home.** *(Please make your cheque payable to GVCSS and mail with this form to the address below).*

2. **I prefer to make a donation in the amount of _____ by credit card.**

- VISA _____ Expiry date: _____
 Mastercard _____ Expiry date: _____

Name on Card: _____

Signature: _____

3. **I want my donation used to help purchase a vehicle for the following group home:**

- The Mount Seymour Parkway Group home in North Vancouver
 The Doman Street Group home in Vancouver
 The Fourth and Alma Group home in Vancouver

4. **Do you require a charitable donation receipt?**

- Yes
 No

5. **Do you wish to remain anonymous?**

- Yes
 No

Donor Signature

Date

PLEASE RETURN THIS FORM AND CHEQUE TO:
Greater Vancouver Community Services Society
500 - 1212 West Broadway, Vancouver, BC V6H 3V1
Phone: 604-714-3517 Website: www.gvcss.bc.ca
Charity Registration BN:119281681RR0001