



Donation Form

CFAX Santas Anonymous Society

Date:

DONOR INFORMATION

First Name: Last Name: Ms. Mrs. Mr.
Miss Dr.

Mailing Address:
Apartment: Street Address: City:

Province: Postal Code:

Phone: Email Address:

DONATION INFORMATION

\$500 \$200 \$100 \$50 My Choice:

I have enclosed a cheque payable to

Please charge my donation to: VISA MasterCard

Card Number: Expiry Date:

Name of Card Holder: CVV:

OFFICE USE: AUTHORIZATION #:

This donation is:

In Memory of: Name(s) of honored or remembered

In honour of: Occasion associated with honoured

Please notify the following of my donation:

Name: _____

Address: _____

Email: _____ Phone Number: _____

Please mail your form to:

CFAX Santas Anonymous Society

1420 Broad Street, Victoria, BC V8W 2B1

778-561-1070

Registered Charitable Number: 88867429RR0001