



## Donation Form

CFAx Santas Anonymous Society

Date:

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### DONOR INFORMATION

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

Mailing Address:  
Apartment:  Street Address:  City:

Province:  Postal Code:

Phone:  Email Address:

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### DONATION INFORMATION

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\$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