



DONATION FORM

Date: ___/___/___

Single donation amount:

\$100 / \$75 / \$50 / \$25 / Other (specify): \$_____

Donation type: General / In Memoriam / In honour / Other (specify)_____

I have enclosed a cheque made payable to Save Your Skin Foundation

To pay by credit card or to initiate a monthly donation, visit

www.canadahelps.org/en/charities/save-your-skin-foundation

DONOR INFORMATION FOR TAX RECEIPT

English / French

First name: _____

Last name: _____

Address: _____

City: _____

Province: _____

Postal code: _____

Phone: _____

Email: _____

For a group donation, we need the name and address of all donors to issue personal receipts.

INFORMATION FOR AN IN MEMORIAM OR IN HONOUR CARD, IF DESIRED

Language of the card (English / French): _____

Name of card recipient: _____

Address of card recipient: _____

City: _____ Province: _____

Postal Code: _____ Country: _____

From (can be an individual or group): _____

Please write any text you would like to appear on the card: _____

Name of the honoured person: _____

All donations of \$20 or more will be receipted automatically; others on request. Charitable registration No. 857756589RR0001 (Can.)

SEND THIS FORM BY REGULAR MAIL TO:
Save Your Skin Foundation
813-800 Vista Park
Penticton, BC, V2A 0B2, Canada