

Donation Form

Contact Information

Date: _____ Event (if applicable): _____

Name: _____

If the donation is from an organization please include both the name and the contact person

Billing Address: _____

City: _____ Province: _____ Postal Code: _____ Country: _____

Phone #: _____ Email: _____

Chapter (if applicable): _____

We want to let you know how your support helps to fuel our work and we regularly send updates with news on the progress being made in local communities, stories that highlight the power of the human spirit and, of course, information that will keep you connected with Room to Read events and programs.

☐ Please check if you would NOT like to receive our communications

Payment Information

☐ **Cash:** _____ processing note for chapter: For security purposes please do not mail cash. If you receive cash donations, please write a cheque for the equivalent amount, ensuring to include donor names and contact information on the Donation Form (1 per person).

☐ **Cheque:** \$CAD _____ Payable to: **Room to Read Canada**

☐ **Credit Card** \$CAD _____ (circle one) Visa Amex MasterCard Discover

If paying by credit card please choose one:

☐ **One-time gift** ☐ **Recurring monthly gift**

Note: details below this line will be shredded once credit card is charged

Card #: _____ Exp. Date (Mo/Yr): _____

CVV: _____ Signature: _____

Completed forms should be mailed to:

Room to Read Canada

P.O. Box 46877, 2405 Pine Street, Vancouver BC V6J 3E9.

*Room to Read is a registered Charity: Number 85061 2417 RR0001
Please direct questions to 1-415-839-4400 or donate@roomtoread.org.*