



Victoria Epilepsy & Parkinson's Society Donation Form

As a non-profit organization, the continuation of our program services relies upon donations, bequests, fundraising and grants. If you would like to make a donation at this time, thank you very much. Kindly fill out the following information.

I would like to make a **monthly donation** of \$ _____
to start on (month,day,year) _____

AND

I would like to pay by Visa/MC # _____
Expiry Date _____

OR

Please withdraw the above amount from my bank account each month.
Please note: You must enclose a cheque marked VOID if you wish a bank account debit option.
Account #: _____ Bank: _____
Bank Address: _____
Signature: _____

Credit card and direct debit information remains strictly confidential and used for Agency purposes only. If you would prefer to give this information to Victoria Epilepsy & Parkinson's Centre personally, please phone 250- 475-6677. This authorization will stay in effect until we hear from you otherwise. You can increase, decrease or cancel your direct debit at any time by telephone call or in writing. Tax deductible receipts are issued promptly, except to those on the debit program wherein a receipt for your total donation will be issued at the end of the calendar year.

I would like to make a **single donation** of \$50 _____, \$100 _____, \$Other _____

Enclosed is a cheque payable to Victoria Epilepsy and Parkinson's Society Centre

OR

I would like to pay by Visa/MC # _____
Expiry Date _____

Note: We thank our donors, within donation categories, in our Annual Report which is distributed to members, funders and those interested in supporting the work we do. Donation amounts remain strictly confidential. **If you do not wish your name published, please notify us at 250- 475-6677 or complete the box below.**

I do not wish my name included in the donor thank you section of the next Annual Report

Signature

Date