



Suite 178 - 1081 Burrard Street, Vancouver, BC V6Z 1Y6
Tel 604.682.8206 or 1.800.720.2983 or Fax 604.806.8326 Email spfoundation@providencehealth.bc.ca
Charitable Registration #11925 7939 RR0001

helpstpauls.com



Donor Information

DR MR MRS MS OTHER

DATE

RE ID #

DONOR NAME / COMPANY NAME

ADDRESS

CITY

PROVINCE

POSTAL CODE

TELEPHONE

EMAIL

I would like to receive information from St. Paul's including updates, news, and opportunities to show my support (you may withdraw consent at any time).

Tribute Information (if applicable)

My gift is made in memory of:

My gift is made in honour/recognition of:

I would like St. Paul's Foundation to send a card to the Family (Next of Kin):

NAME OF FAMILY MEMBER/NEXT OF KIN

RELATIONSHIP TO TRIBUTE / HONOREE

ADDRESS OR EMAIL (Please indicate if the notification should be made by email)

CITY

PROVINCE

POSTAL CODE

Please include the following message on the card for the family: (optional)

Gift Details

One-time Gift of: \$

Monthly Gift of: \$

I authorize St. Paul's Foundation to withdraw this amount from my credit card (details below) or bank account on the 1st of every month (please attach a VOID cheque).

RECEIPT TYPE: Mail Receipt Email Receipt Acknowledgement Receipt N/A

Payment Information

Cheque Enclosed (please make payable to St. Paul's Foundation)

Please charge my: VISA MasterCard AMEX

CARD NUMBER

EXPIRY DATE

NAME ON CARD

SIGNATURE

Donor Recognition Details

I would prefer to remain anonymous.

I give permission to list my name, where applicable. My name should appear as:

INTERNAL USE ONLY:

Donation received by:

PRM assignment:

Appeal Code: Unsolicited Other: