



Donation Form

Date _____

I would like to donate: One-time Monthly

I would like to give: \$50 \$100 \$200 Other \$ _____

I would like my donation to support:

- Wherever the Need is Greatest
- Support and Recovery programs (REES)
- Dental Care
- Grocery Card
- Healthcare Outreach
- Building New Housing
- Shelter programs (circle one): Sandy Merriman House for Women, Rock Bay Landing, Next Steps

Contact and Billing Information:

Name(s) _____

Address _____

City _____ Province _____ Postal Code _____

Phone _____ Email _____

I have enclosed:

- A cheque issued to the Victoria Cool Aid Society (void cheque for monthly gifts)
- I would like to pay by credit card

Card number _____

Expiry date ____/____ Name on card _____

**Please mail your donation to the address below.
Thank you for supporting Cool Aid!**

The donation tax receipt will be issued to the individual or organization making the payment. Gifts will be acknowledged and an official tax receipt for income tax purposes will be provided for all gifts of \$20 or more.