

Georgia Strait Alliance PO Box 88277 RPO CHINATOWN • 250-753-3459 giving@georgiastrait.org • www.GeorgiaStrait.org

Charitable Registration #13994-2254-RR0001



Yes! I'll donate to help GSA tackle the Salish Sea's most urgent environmental threats.

## Here's my gift of:

| □\$50 □\$100 □\$250 □\$   |
|---|
| My cheque made payable to Georgia Strait Alliance<br>is enclosed. |
| I prefer to use my credit card.                                   |
| My gift today is: 🔲 In honour of: 🔲 In memory of:                 |
| Name(s)   |
| Please send an acknowledgement of this gift to :                  |
| Name  |
| Email   |
| My employer will match my gift. The name of my employer is:       |

Yes, I want to make a difference all year round as a monthly donor.

## Here's my monthly gift of:

□\$10 □\$20 □\$25 □\$\_\_\_/month

Please debit my bank account. I have enclosed my cheque marked "VOID".

Please charge my credit card.

□ I/We authorize Georgia Strait Alliance to make automatic withdrawals from my chequing account or credit card. The debit will be processed on the day this form is received and the same day each subsequent month.

**Note for monthly donors:** you may change your plan or opt out at any time. For further information about your right to cancel a preauthorized debit agreement, as well as recourse rights, please contact or visit your financial institution.

To donate securely online visit: www.georgiastrait.org/donate



**Contact information:** 

Address\_\_\_\_

Name\_\_\_\_

Phone 🔲 Home 🔲 Mobile\_\_\_\_\_

Email

By providing my email I agree to receive updates and information from Georgia Strait Alliance.

I prefer to receive my tax receipt by mail.

l'd like my gift to remain anonymous.

## **Legacy Giving**

Georgia Strait Alliance is in my will or estate plan.

I would like more information about planned giving.

## Payment information:

|  | MasterCard | AMERICAN<br>EXPRESS |
|--|------------|---------------------|
|--|------------|---------------------|

Card #\_\_\_\_\_

Expiry date\_\_\_\_/\_\_\_\_

Name on Card\_\_\_\_\_

Signature\_\_\_\_\_

Date

Daytime phone #\_\_\_\_\_

Please provide your daytime phone number so we can call for your CVV, as this is required to process your donation. For your security, please don't include this number on this form.

Your gift is tax deductible and a receipt will be mailed to you shortly. Monthly donors will receive one cumulative tax receipt at the end of each calendar year.