



ScandiaCare

It all comes down to people who care

Dania Home Society Residents Foundation Donation Form



Dania

Enclosed is my / our gift of \$ _____ Please direct this donation to:

___ Area of Greatest Need ___ Other (please specify) _____

Name _____

Address _____

City _____ PC _____

Email _____

Home Phone _____ Mobile Phone _____

I / We wish to be acknowledged as _____

Or I / We wish to remain anonymous _____

___ Payment by **cheque**: Please make your cheque payable to Dania Home Society Residents Foundation and mail it to 4175 Norland Ave. Burnaby, BC V5G 3S7.

___ Payment by **credit card**: Please provide your credit card information ___ Visa ___ MasterCard ___ AMEX

Name on card _____

Card # _____ Expiry ___/___ Security Code (CVV2) _____

**I / we would like to make this donation (the amount listed above) a regular donation every
___ month ___ every quarter ___ every year, beginning today.**

___ Payment by **credit card**

Name on card _____

Card # _____ Expiry ___ / ___ Security Code (CVV2) _____

___ Payment by **post dated cheques** enclosed

Commemorative donation:

___ in memory ___ in honour of ___ as a birthday gift ___ other (please specify) _____

Name of person _____

Please send a notification card to _____

Address _____

City _____ PC _____

Charitable Registration Number: 81053 8553 RR0001

Return this form to: Dania Home Society Residents Foundation

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