

Yes, I would like to donate to Family Services of the North Shore:

- \$100 per year helps a child
- \$250 per year supports an adolescent
- \$500 per year gives hope to a parent and child
- \$1000 per year creates safer places in our community

I would like to:

- Contribute \$ _____
- Receive more information on how to leave a gift in my will to Family Services of the North Shore Foundation

My cheque is enclosed payable to Family Services of the North Shore Foundation

or

Please charge my Visa **MC**

Card # _____

Exp. Date _____

Date: _____

Name: _____

Address: _____

City: _____ **Postal Code:** _____

Home Phone: _____ **Business Phone:** _____

Email Address: _____

Consent to the Collection, Use & Disclosure Of My Personal Information

I consent to FSNS collecting, using, processing, disclosing, acknowledging and reporting my personal information as required by law, in order to comply with all legal and regulatory requirements relating to my donation, and for the purpose of acknowledging my donation (unless I have indicated below that I wish to remain anonymous).

- I wish to remain anonymous**



Family Services of the North Shore
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Website: www.familyservices.bc.ca



Family Services of the North Shore may publish the names of donors unless they request anonymity. All financial support is tax deductible. Registered Charity Number 864745575 RR 0001.