

SPORTASSIST Donation Form

First Name: _____ Last Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone #: _____ Email Address: _____

Donation Amount: \$ _____ Donation Method (circle one): Credit / Cheque

Credit Card #: _____ Expiration Date (MM/YY): _____

Name of Card Holder (as listed on Credit Card): _____

Is this a one-time donation, or would you like this to occur monthly? (circle one): One-Time / Monthly

Signature:

If paying by cheque, please make your cheque payable to "City Centre Park" with "SPORTASSIST" in the memo field.

Please deliver your donation in person or by mail:

Attn: SPORTASSIST
1089 Langford Parkway
Langford, BC
V9B 0A5

Would you be interested in volunteering with SPORTASSIST at future events? (circle one): Yes / No

Is this donation an act of memory, honour, gift or celebration? (circle one): Yes / No

If yes, please provide us a name or comment about the special occasion: _____

Is there a specific sport you would like this donation to be applied to if available? (circle one): Yes / No

If yes, which sport(s)? _____

Would you like a receipt/invoice for your donation? (circle one): Yes / No