

Please Print and fill out this gift form.

Please return to:

Rainbow Foundation of Hope  
2606 Windsor Street  
Vancouver, BC, V5T 4A1



R A I N B O W  
FOUNDATION OF HOPE

### Personal Information

\*Name: \_\_\_\_\_

\*Address: \_\_\_\_\_

\*City: \_\_\_\_\_ \*Province: \_\_\_\_\_ \*Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

If I provide an email address I will automatically receive an electronic receipt.  I would like to be mailed a paper receipt

\*Required Information to issue a tax receipt.

### Option 1: One-time Donation

I prefer to make a one-time donation of:

\$25  \$50  \$100  \$200  \$500  Other \$ \_\_\_\_\_

I have enclosed my cheque or money order payable to **Rainbow Foundation of Hope.**

OR

Please charge my credit card:  MasterCard  Visa  AMEX

Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_ CVV: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I authorize Rainbow Foundation of Hope to charge my credit card for a one time donation of the above amount noted.

### Option 2: Monthly Giving by Credit Card Only

YES, I want to help people through efficient monthly giving

I would like to give:  \$10 per month  \$15 per month  \$25 per month  \$50 per month or \$ \_\_\_\_\_ per month

This donation is made on behalf of:

an Individual  a Business

Please charge my credit card:  MasterCard  Visa  AMEX

Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_ CVV: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I authorize Rainbow Foundation of Hope to charge my credit card on a monthly basis the above amount noted.

Charity Registration # BN 838889582 RR001