



Donation Form

Contact Information

Name			
Address		Province	
City		Postal Code	
Tel			
Email			

Donation

<input type="checkbox"/> I would like to make a one-time donation Donation Amount: <input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> \$200 <input type="checkbox"/> \$500 <input type="checkbox"/> Other \$_____
<input type="checkbox"/> I would like to enroll in a recurring, monthly donation I may change or revoke my monthly tax-deductible gift at any time, subject to providing 30 days notice, by calling the Museum at 250-287-3103. Please attach a void cheque to setup withdrawal from your chequing account. Monthly donation amount: <input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> Other \$_____
Would you like to designate your donation? <input type="checkbox"/> Yes, please designate my donation to the Artifact Reserve Fund <input type="checkbox"/> The Museum can use my donation for the area most in need

Payment Information

<input type="checkbox"/> Cheque enclosed	
<input type="checkbox"/> Please charge my Credit Card (details below)	
Name on Card	
Signature	
Card Number	
Type of Card	<input type="checkbox"/> VISA <input type="checkbox"/> Mastercard
Expiry (MM/YY)	
CVV	<i>The CVV is the last three or four digits on the back of your credit card.</i>

Please return completed form to:

Mail to: Museum at Campbell River, Box 70 Stn A, Campbell River, BC V9W 4Z9

Drop off at: 470 Island Highway, Campbell River

Phone: 250-287-3103 or Email: general.inquiries@crmuseum.ca

Thank you for your support!