Donation Form

The Garth Homer Foundation

PO Box 24022 Victoria BC V8Z 7E7

Email: info@garthhomerfoundation.org



Thank you for your donation

Name		
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I would like to make a donation of \$		
Cheque enclosed (*please do not ma	ail cash)	
Credit Card		CVC
Signature I would like to become a monthly donor	with a donation of \$	_ per month.
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Please direct my donation to:		
Area of greatest need Programs and services Endowment Building campaign Other, please specify		_
Additional information:		
Please make my gift in memory of:		
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I would like more information about funding priorities.	the Garth Homer Developme	ent Plan and other