

Donation Form

Garth Homer Foundation

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Garth Homer
FOUNDATION

Thank you for your donation

Name _____

Address _____

Province _____ Postal Code _____

Email _____

I would like to make a donation of \$ _____

Cheque enclosed (*please do not send cash)

Credit Card _____ / _____
MC/Visa Expiry MM/YY CVC

Signature

I would like to become a monthly donor with a donation of \$ _____ per month.

Void cheque enclosed

Credit Card information entered above

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: _____

Please make my gift in honour of: _____

Please make my gift anonymous.

Information updates: Our supporters receive regular information on the work of the Foundation and the Garth Homer Society through our newsletter and other publications.

I would like more information about the Garth Homer Development Plan and other funding priorities.