



**Community
Options**
FOR CHILDREN AND FAMILIES

Donation Form

Please provide your contact and payment information. Your contact information is required to generate a tax receipt, which will be mailed to you immediately. Tax receipts will be issued for all donations of \$15 or more.

Contact Information

I would like to make a personal donation:

Title: Mr. Mrs. Ms. Miss

First Name: _____

Last Name: _____

I would like to make a donation on behalf of an organization:

Organization: _____

Address: _____

City/Town: _____

Province/State: _____

Postal Code/Zip: _____

Country: _____

Phone Number: (____) _____ Ext: _____

Email Address: _____

I give Community Options permission to contact me by email.

My cheque/money order is enclosed for \$_____ payable to
Community Options for Children & Families.

With your help we can continue supporting families and making our community a welcoming place for people with disabilities. Your generosity is greatly appreciated.

Please mail this form along with your donation to:

Community Options for Children & Families
830 C Pembroke Street
Victoria BC V8T 1H9
Canada