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## DONATION FORM

DONOR INFORMATION		
First Name	Last Name	
Or Business Name		
Donor Recognition Name <i>(as you wish it to appear on the donor list)</i>	<input type="checkbox"/> Gift is to remain anonymous	
Address	City, Province	Postal Code
Contact Telephone	Email	
DONATION		
I would like to support the students and programs of PALS Autism Society as a: <ul style="list-style-type: none"> <li><input type="checkbox"/> Partner      \$50,000 +</li> <li><input type="checkbox"/> Advocate      \$25,000 +</li> <li><input type="checkbox"/> Loyal      \$15,000 +</li> <li><input type="checkbox"/> Supporter      \$5,000 +</li> <li><input type="checkbox"/> Our PALS      up to \$5,000</li> </ul>		
Amount	Date	
<b>Please enclose cheque/money order payable to:</b> PALS Autism Society <i>and mail to</i> 2409 East Pender Street, Vancouver, BC, V5K 2B2		
<b>Tax Receipt request?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Full name on tax receipt:</b>	
<b>Charitable Registration Number 84393 9760 RR0001</b>		

The students of PALS thank you for your generosity!

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