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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:		
<input type="checkbox"/> Partner	\$50,000 +	
<input type="checkbox"/> Advocate	\$25,000 +	
<input type="checkbox"/> Loyal	\$15,000 +	
<input type="checkbox"/> Supporter	\$5,000 +	
<input type="checkbox"/> Our PALS	up to \$5,000	
Amount	Date	
Please enclose cheque/money order payable to: PALS Autism Society <i>and mail to</i> 101 Third Street, New Westminster, BC, V3L 2P9		
Tax Receipt request? <input type="checkbox"/> Yes <input type="checkbox"/> No	Full name on tax receipt:	
Charitable Registration Number 84393 9760 RR0001		

The students of PALS thank you for your generosity!

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New Westminster, BC V3L 2P9

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