

Donation Form / Formulaire de Donation



YOUR TAX RECEIPT INFORMATION / INFORMATIONS SUR LE RECU FISCAL

First Name / Prénom: Last Name / Nom:

Address / Rue:

City/Ville: Prov: Postal Code:

Phone/Téléphone: Email:

YOUR GIFT/VOTRE DON

Monthly Giving / Dons mensuels:

\$30 \$60 \$100 Other: \$ per month /par mois

One-Time Gift / Don unique:

\$500 \$150 \$55 Other: \$ one-time gift / don unique

PAYMENT OPTION/OPTIONS DE PAIEMENT

Cheque to VWB/VSF Canada enclosed/joint (void for monthly/specimen pour les dons mensuels)

Credit Card/Carte de crédit: VISA Mastercard American Express

Credit Card/ N° de la carte:

Expirey/ Date d'expiration:
mm / yy

Signature: Date:

Please designate my gift to/Veuillez affecter mon don à:

Thank you, Merci

Questions? Contact us at / Contactez-nous à l'adresse:



info@vetswithoutborders.ca



Veterinarians without Borders /
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