

Earl Naswell Christmas Society

Registered Non-Profit Charity

"A Place at the Table for Everyone"

Continuing the Earl Naswell Legacy

DONOR INFORMATION

Name: _____

Address: _____

City: _____ Province: _____

Postal Code: _____

Phone Number: _____

Email: _____

DONATION AMOUNT

☐ \$25 ☐ \$50 ☐ \$100 ☐ \$250 ☐ Other: \$_____

DONATION TYPE

☐ One-Time Gift

☐ Monthly Gift (charged on the 1st of each month)

PAYMENT METHOD

☐ Cheque (Payable to Earl Naswell Christmas Society)

☐ E-Transfer to: [insert your e-transfer email address]

☐ Credit Card (if accepted, insert section below or link to online form)

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TRIBUTE GIFT (Optional)

☐ In memory of _____

☐ In honour of _____

Send acknowledgment to:

Name: _____

Email or Address: _____

TAX RECEIPT REQUIRED?

☐ Yes ☐ No

(Receipts will be issued for donations of \$20 or more)

Signature: _____ Date: _____

CONTACT INFORMATION

Mailing Address: Earl Naswell Christmas Society

[Insert Mailing Address Here]

Comox Valley, BC

Email: [Insert Email] | Phone: [Insert Phone Number]

Website: [Insert Website if available]