



Richmond Centre for Disability

“Promoting a new perspective on disability”

Yes, I want to support the RCD

By giving a one-time donation (fill out part 1 and 2)

a monthly donation (fill out part 1 and 3)

1. DONOR INFORMATION

Name: _____
Title First Name Last Name

Address: _____
City Province Postal Code

Telephone Number: _____ Email: _____

2. ONE-TIME DONATION & PAYMENT

Yes, I'd like to support the RCD. Here is my donation for:

\$20 \$50 \$100 \$200 Other: \$ _____

Payment Method: Cash Cheque (made payable to RCD) Debit Card

Credit Card Visa / MasterCard Card #: _____

Expiry Date: _____

Signature: _____ Date: _____

Thank you for contributing to the RCD.

3. MONTHLY DONATION & PAYMENT

Yes, I will become a monthly donor. (You can change or cancel your monthly contribution at any time by writing to us or calling us at 604-232-2404)

Once a month I will give: \$10 \$15 \$20 Other: \$ _____

Payment Method: Donations through my credit card

I authorize the RCD to charge the amount specified above to my credit card each month.

Credit Card Visa / MasterCard Card #: _____

Expiry Date: _____

Signature: _____ Date: _____

OR

Payment Method: Donation through my bank account

I have enclosed a blank cheque marked "VOID". By signing below, I authorize the RCD to deduct the amount specified above from the account number on the cheque,

On _____ (day) of each month beginning _____ (month/year)

Signature: _____ Date: _____

The RCD will issue a tax receipt for donations of \$20 or more.
Charitable registration number: 88832 8432 RR0001

Early in the New Year we will send you an official receipt for your total annual contribution.

Complete the form and mail to: Richmond Centre for Disability
100-5671 No. 3 Rd.
Richmond, BC V6X 2C7

Need more information, contact Ella Huang at 604-232-2404 or ella@rcdrichmond.org