**Donation Form**

*Please* ***print*** *and complete the following information.*

*By providing this information you consent for the Janta Sewak Society (JSS) to process and recognize donations. Name, and contact information are optional. If you do not wish to be identified please enter “Anonymous” for both the first and last name. Tax receipts cannot be issued to anonymous donors.*

**Title**

**First Name**

**Last Name**

**Organization Name** (if applicable)

**Address**

**City Province Postal Code**

*Please provide us with a phone number or e-mail address to ensure we have a means of contacting you if we have a question regarding your donation.*

**Phone Number ( ) Ext.**

**Fax Number ( )**

**E-mail**

*I would like to make a donation to the Janta Sewak Society in the amount of (circle one or fill in your desired amount):*

**$25 $50 $75 $100 $150 Other: $**

*Payment method (circle one):*

VISA MasterCard Cheque (Payable to Janta Sewak Society)

*Credit card payment information:*

**Card Number Expiry Date /**

**Signature**

*Forms can be mailed or faxed to*

**Janta Sewak Society
11623 90th ave Delta, BC, V4C 3H5**

**Ph / Fax : 604.590.8800**

**Thank you for your support.**