

Registered Charity Number: 88973 7961 RR001



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.