

**Yes, I want to be a part of the success of City Centre Care Society.**

I would like to contribute a donation amount of:

\$50    \$100    \$250    \$500    Other Amount: \$ \_\_\_\_\_

I would like to make this donation:

One time       Monthly, with a credit card deduction

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Please Do Not contact me regarding upcoming events or fundraising.

Credit Card Type:    Visa       MasterCard       Amex       Other

Credit Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiry Date: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

You can also make a secure online donation using your credit card at [www.cccares.org](http://www.cccares.org).

The City Centre Care Society charitable registration number is **871524765RR0001**.

Tax Receipts available for donations above \$20.

Thank you for your contribution to City Centre Care Society!

**Mail to:**

415 W. Pender St.  
Vancouver, BC  
V6B 1V2  
Tel: 604.681.9111  
Fax: 604.681.5546



[www.cccares.org](http://www.cccares.org)

Please make cheques payable to City Centre Care Society.