



# DONATION FORM

You can fill out this pdf fillable form and email to asar.donations@gmail.com,  
or print and complete this form, then mail to:  
Arrowsmith Search and Rescue Society  
3237 Alberni Highway, Qualicum Beach, BC V9K 1X5

| <b>DONATION TYPE</b>             |                  |
|----------------------------------|------------------|
| General Donation (one-time gift) | Monthly Donation |
| In Memory of:                    |                  |
| In Honour of:                    |                  |

| <b>DONOR &amp; TAX RECEIPT INFORMATION</b>   |      |           |            |              |                          |
|--|------|-----------|------------|--------------|--------------------------|
| Mr.  | Mrs. | Ms.       | Dr.        | Other        |                          |
| First Name:                                  |      |           | Last Name: |              |                          |
| Business/ Organization Name (if applicable): |      |           |            |              |                          |
| Address:                                     |      |           |            |              |                          |
| City:  |      | Province: |            | Postal Code: |                          |
| Telephone:                                   |      | Email:    |            |              |                          |
| How do you prefer to be contacted?           |      | Phone     | Email      | Mail         | Please do not contact me |

| <b>ACKNOWLEDGEMENT CARD</b>  |           |              |
|--|-----------|--------------|
| If donation is in memory or in honour, please send acknowledgment card to: |           |              |
| No card is required  |           |              |
| Address:   |           |              |
| City:  | Province: | Postal Code: |
| Personal Message:  |           |              |

| <b>DONATION DETAILS</b>   |       |       |                      |           |      |
|---|-------|-------|----------------------|-----------|------|
| Cheque enclosed (payable to Arrowsmith Search and Rescue Society)   |       |       | Online (credit card) |           |      |
| Debit from Bank Account (Please Enclose a "Voided" Check)   |       |       | Online (Paypal)      |           |      |
| Interac e-Transfer® (use asar.donations@gmail.com as email recipient)   |       |       |                      |           |      |
| One-Time Gift:  |       |       |                      |           |      |
| \$500   | \$250 | \$150 | \$75                 | Other: \$ |      |
| Monthly Donation:   |       |       | Amount: \$           |           |      |
| Billing Name (If different from Donor):   |       |       |                      |           |      |
| Billing Address (If different from Donor):  |       |       |                      |           |      |
| Authorization for Donation: I may cancel this authorization at any time by notifying the bank or Arrowsmith SAR |       |       |                      |           |      |
| Signature and Authorization to Debit or Checking Account for Donation   |       |       |                      |           | Date |

**Charitable Registration #: 893193979RR0001**

The personal information you provide us is used to maintain contact with you. Arrowsmith Search and Rescue Society does not sell, trade or share your information. You may contact us by email at asar.donations@gmail.com or phone at (250) 752-7774.