



# 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