Lloydminster and District SPCA **Donation Form**

Today's Date: _____/_____/_____

DD MM YY

I would like to donate: $_____

Our animals THANK YOU!

Type of Gift:

☐ Monthly Giving Program Recurring Gift. Starting

☐ One Time Gift ☐ Other Event: _____

☐ Pet in Memoriam ☐ In honour of: _____

Please send an acknowledgement letter to:

Name: _____

Address:_____

City: _____Prov: _____ Postal Code:_____

From: _____

Donor Information:

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss ☐ Dr.

First Name: _____ Last Name: _____

Address: _____

City: _____ Prov: _____ Postal Code: _____

Phone# Home: _____ Work: _____ Email: _____

Method of Payment:

☐ VISA ☐ MasterCard ☐ Cheque

Card #: _____-_____-_____-_____

Expiry Date: _____-_____

Name on Card (please print):_____

Signature:_____

Mail, fax, email, or drop off your gift to: Lloydminster and District SPCA, 62 Ave & 67 St, Blackfoot, AB, Canada T0B 0L0 • Fax: 780-875-2819 • Email: giving@lloydminsterspca.com • Phone: 780-875-2809

Tax Receipts will be issued for gifts greater than $10 • If you would like one receipt for all your gifts, please check here: ☐