



Donation Form

Please print, complete, and mail this form to:

Hamilton/Burlington SPCA
245 Dartnall Road
Burlington, ON L8W 3V9

Phone: 905-574-7722
Email: Development@hbspca.com

Charitable Registration #:11923 6750 RR0001

Donor Information

Salutation: Mr. Mrs. Ms. Dr. Other: _____

First Name: _____ Last Name: _____

Address: _____

City: _____ Prov: _____ Postal Code: _____

Phone: _____ Email: _____

By checking this box, I agree to receive electronic messages from HBSPCA. These messages will include newsletters, e-blasts, fundraising appeals and event invitations. I can opt out at any time by calling 905-574-7722 or emailing Development@hbspca.com.

I wish to remain Anonymous

Option 1: Monthly Giving

Yes, I want to help the animals all year long by joining the 'Forever Friends' monthly giving program

I would like to give : \$10 per month \$20 per month \$25 per month \$30 per month Other: \$_____

Please debit my bank account. My cheque marked VOID is enclosed.

Please charge my credit card: Visa MasterCard AMEX

Card Number: _____ Expiry Date: ____/____ CVV: _____

Monthly gifts are processed on the 1st of each month, or the next closest business day. I agree to waive the right to receive pre-notification of any debits/charges under this agreement. I acknowledge that I can request to make changes to the amount noted above or cancel my donation at any time by contacting HBSPCA at 905-574-7722 or Development@hbspca.com.

Option 2: One-Time Donation

I prefer to make a one-time donation of:

\$20 \$30 \$50 \$100 Other: \$_____

I have enclosed my cheque payable to the Hamilton/Burlington SPCA

Please charge my credit card: Visa MasterCard AMEX

Card Number: _____ Expiry Date: ____/____ CVV: _____

Over...

Tribute Information

Please complete this section if making a donation in honour or in memory of someone.

My donation is:

In Memory of an Individual In Memory of a Pet In Honour of: _____
Honour Reason

Name of Tributee: _____

I would like an acknowledgement sent:

Yes No

Acknowledgee Information:

Salutation: Mr. Mrs. Ms. Dr. Other: _____

First Name: _____ Last Name: _____

Address: _____

City: _____ Prov: _____ Postal Code: _____

Phone: _____ Email: _____

Relationship to Tributee: _____

Signature: _____ Date: _____

Privacy notice – HBSPCA does not trade, rent, sell the names of our valued supporters. To learn more about how HBSPCA protects your personal information, please read our privacy policy at <https://www.hbspca.com/privacy-policy/> You may opt out of our mailing list at any time by contacting us at 905-574-7722 or Development@hbspca.com.

For monthly donation agreements: I may revoke my authorization at any time, subject to providing notice of 15 days. To obtain a sample cancellation form, or for more information on my right to cancel a PAD Agreement, I may contact my financial institution or visit www.payments.ca I have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit www.payments.ca.

Although we appreciate ALL donations, only those \$20 and over will be automatically tax receipted. Please allow 4 to 6 weeks to receive your receipt.