

RIVERVIEW PARK AND ZOO ANIMAL HEALTHCARE CENTRE CAMPAIGN

DONATION FORM

Name(s) *please print*: _____

Address: _____ City: _____ PC: _____

Telephone: _____ Email: _____

Please contact me to discuss a donation

Please accept my/our donation of \$ _____

This gift will be: One time OR Paid over one year Over two years
(A charitable tax receipt will be issued for donations of \$20.00 or more)

Name(s) to appear for donor recognition purposes: _____

METHOD OF PAYMENT

CHEQUE (Please make cheque payable to 'Riverview Park and Zoo')

CASH in the amount of \$ _____ (please drop off at Zoo Office)

CREDIT CARD

Master card

Visa

Credit card Number: _____

Expiry Date: _____ Validation Code (3 digits on back of card): _____

Name on card: _____

OTHER METHOD:

Signature: _____ Date: _____

You can drop off your donation to the Riverview Park and Zoo Office or mail it with this donation form to:



The Campaign Committee
c/o Riverview Park and Zoo,
PO Box 4125,
1230 Water St.,
Peterborough, ON K9J 6Z5.



MANY THANKS FOR YOUR SUPPORT!