



Vancouver Society of Children's Centres

Support Children's Early Childhood Education
Help the VSOCC support children's programs.
100 % of your contribution will go to children programs and activities.

[X] Yes! I want to help .

Enclosed is my donation of

[] \$100 [] \$50 [] \$25 [] Other _____

* Tax receipts will be issued for gifts of \$10 or more.

I wish to pay by [] Cheque [] Automatic Withdrawal

Make cheque payable to VSOCC.

Name: _____

Title (if applicable): _____ Company: _____

Address: _____ PC _____

Telephone: _____ e-mail: _____

Forms and cheques can be dropped off, or mailed to:
"Vancouver Society of Children's Centres"
Administration Office, #250-1166 Alberni Street, Vancouver, B.C. V6E 3Z3

Thank you!

Automatic Withdrawal Form

I hereby authorize Vancouver Society of Children's Centres to debit my account.

Name(s) of Account Holder(s)

Name of Financial Institution

Branch Address

Transit Number

Account Number

Grid for entering transit and account numbers

Date

Signature

Signature