



Name _____ Email _____
Address _____ City _____ Prov _____
Postal Code _____ Phone # _____

YES! Life is precious and I want to help save lives. *Here is my tax-creditable gift of:*

Aeroplan Miles: _____ (minimum of 10,000) Stock Donation (we will contact you to arrange this)
 \$50 \$75 \$100 Other \$ _____ CREDIT CARD NO. _____
EXPIRY ____ / ____ SIGNATURE _____
I prefer to make my gift by: Visa
 Mastercard
 Cheque
PHONE _____
EMAIL _____

Please return this reply with your gift and any name or address changes. Thank you.

I want to
join the
Circle of Life!

I authorize the Crisis Centre to receive
a **monthly** gift of: \$50 \$25 \$10 Other \$
I prefer to make my **monthly** gift by: Visa Mastercard (Credit Card details above)
 Chequing account (Please enclose a cheque marked VOID.)

Mail to: 763 East Broadway, Vancouver BC, V5T 1X8

For more information, please contact us at 604.872.1811 or info@crisiscentre.bc.ca