



Avalon Recovery Society

DONATION FORM

Please print this form, complete and return it to us.

Your Name _____

Address _____

Address _____

City _____ Postal Code _____

Home Phone _____ Office/Mobile _____

Email _____

I would like to make a **ONE TIME** gift of: \$ _____

OR:

I would prefer to make a **MONTHLY** gift of: \$ _____

METHOD OF PAYMENT

Cheque(s) enclosed payable to **Avalon Recovery Society**

Visa

MasterCard

Name on Credit Card _____

Credit Card Number _____

Expiry Date ____/____/____ Signature _____

Please send completed form and donation to:

Avalon Recovery Society
5957 West Boulevard,
Vancouver, BC V7T 1A4

Tel: (604) 263-7177 Fax (604) 263-7715

Email: avalonvan@telus.net

www.avaloncentres.org

Registered Charity No. 89792 1151 RR0001

Thank you for your thoughtful gift.