



Donation Form

Ms. Mrs. Mr.
Miss Dr.

First Name

Last Name

Mailing Address:

Apartment

Street Address

City

Province

Postal Code

Phone

Email

YES!

\$500 \$250 \$100 \$50

I would like to
give a gift to:

My Choice: \$ _____ C-FAX Santas Anonymous Society

*Help children in
need no matter
what the need!*

I have enclosed a cheque payable to

Please charge my donation to: VISA MasterCard

Card Number

Expiry Date

Name of Card Holder

Signature

This donation is:

Name(s) of honoured or remembered

In memory of

Occasion associated with honoured

In honour of

Please notify the following of my donation:

Name

Address

Email

Phone Number

Please mail or email your form to:

C-FAX Santas Anonymous Society

santas@cfax1070.com

1420 Broad Street, Victoria, BC V8W 2B1

250-920-4644

Registered Charitable Number: **888674249RR0001**