

# DONATION FORM

**Science World British Columbia**

1455 Quebec Street  
Vancouver, BC  
Canada V6A 3Z7

t 604.443.7483

f 604.443.7430

e [giving@scienceworld.ca](mailto:giving@scienceworld.ca)

w [scienceworld.ca/donate](http://scienceworld.ca/donate)

Charitable BN 10673 4809 RR0001

**Please return your completed donation form to:**

the address listed above  
c/o Development Office

For more information contact:

604.443.7483 or

[giving@scienceworld.ca](mailto:giving@scienceworld.ca)

**YES! I WOULD LIKE TO HELP INSPIRE THE NEXT GENERATION OF SCIENTISTS AND INNOVATORS IN BRITISH COLUMBIA WITH A DONATION TO SCIENCE WORLD.**

**A. DONATION**

I would like to make a one-time donation of: \$ \_\_\_\_\_

I would like to become a monthly donor (payment details in next section)

This gift is:

In memory of \_\_\_\_\_

In honour of \_\_\_\_\_

On occasion of \_\_\_\_\_

**B. PAYMENT OPTIONS**

I have enclosed cash or a cheque made payable to ASTC Science World Society

Visa    Mastercard

Card no.: \_\_\_\_\_ Security code: \_\_\_\_\_ Exp. date: \_\_\_\_\_

Name on card: \_\_\_\_\_

Signature: \_\_\_\_\_

**C. MONTHLY DONATIONS**

Please bill my credit card \$ \_\_\_\_\_ on the \_\_\_\_\_ day of each month.

I have enclosed a void cheque for automatic bank withdrawal.

**D. DONOR INFORMATION**

Title:  Mr    Mrs    Ms    Miss    Dr

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Address: \_\_\_\_\_

City, Province: \_\_\_\_\_ Postal code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Science World will recognize your donation using the name(s) as noted above.

I/we wish to remain anonymous

**A charitable tax receipt will be issued upon receipt of your donation.**

I'd like to stay up-to-date with future Science World events and programs and exclusive VIP opportunities via email.

Please send me information on how to make a gift to Science World in my Will.