

DONATION FORM

DONOR INFORMATION		
First Name	Last Name	
Or Business Name		
Donor Recognition Name <i>(as you wish it to appear on the donor list)</i>	<input type="checkbox"/> Gift is to remain anonymous	
Address	City, Province	Postal Code
Contact Telephone	Email	
DONATION		
<p>I would like to support the students and programs of Phoenix Academy of Learning Society as a:</p> <p><input type="checkbox"/> Partner up to \$999</p> <p><input type="checkbox"/> Advocate \$1,000 +</p> <p><input type="checkbox"/> Loyal \$5,000 +</p> <p><input type="checkbox"/> Supporter \$10,000 +</p>		
Amount	Date	
<p>Please enclose cheque/money order payable to:</p> <p>Phoenix Academy of Learning Society or PALS and mail to 2409 East Pender Street, Vancouver, BC, V5K 2B2</p> <p>Your tax receipt will be mailed to you.</p>		
Charitable Registration Number 84393 9760 RR0001		

The students of PALS thank you for your generosity!