



Mail to:
The HCP
505 Quayle Road
Victoria, BC, V9E 2J7

DONATION FORM

This is my/our donation to the Gardens at HCP

Name: _____

Address: _____

Telephone: _____

Email Address: _____

Yes, I would like to receive HCP email updates.

Is this a gift, a dedication or 'in memoriam'? Yes Recipient's name: _____

DONATION AMOUNT

I/we donate an **annual gift** of \$ _____ /yr x _____ yr

I/we donate _____ **monthly gifts** of \$ _____ /month
Start Date _____ End Date _____

I/we donate a **one-time gift** of \$ _____

My/our gift will be matched with \$ _____
from _____
(matching company)

DONATION PURPOSE – if requested

Keep the Flowers Blooming Fund:

Deer Fencing:

Children's Adventure Trail:

Irrigation Upgrade:

College awards, bursaries, and equipment:

SPECIAL NOTES: _____

METHOD OF PAYMENT

Cash Cheque Visa MC

Credit Card Option: Name on card _____ CC # _____ Exp _____

Pre-Authorized Monthly Payment Option: Credit Card

I authorize HCP to withdraw the above amount from my credit card on the 15th day of every month. I may change the amount or cancel my monthly contribution at any time by notifying the HCP.

Signature Authorization _____

The Horticulture Centre of the Pacific adheres to the BC Personal Information Protection Act and is committed to protecting your privacy. HCP only retains information regarding your gift history. HCP does not sell, trade, or rent donor information. HCP is a registered Canadian charity and provides tax receipts for any donation over \$25.00 CDN. Charitable Registration No. 107492 688 RR0001.

Thank you for your contribution