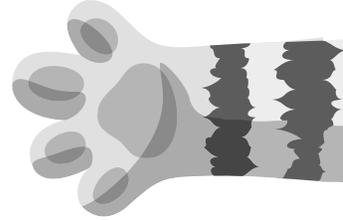




# REGIONAL ANIMAL PROTECTION SOCIETY CAT SANCTUARY



## Sponsorship & Donation Form

Please fill in both sides.



**RAPS** | Regional Animal Protection Society

Date: \_\_\_\_\_

I would like to **sponsor the named or described animal** below at the RAPS Cat Sanctuary.

Monthly Sponsorship amount:  \$25      Other \$ \_\_\_\_\_

Cat's Name: \_\_\_\_\_  Male       Female

Cat's Location (if known) e.g. Double-wide, Back Courtyard, etc.: \_\_\_\_\_

Breed: \_\_\_\_\_ Colour: \_\_\_\_\_

OR

I would like to **sponsor any animal** at the Cat Sanctuary

Monthly sponsorship amount:  \$25      Other \$ \_\_\_\_\_

OR

I would like to make a **monthly donation** to be used as needed at the Cat Sanctuary

Amount: \$ \_\_\_\_\_

OR

I would like to make a **one time donation** to the Cat Sanctuary

Amount: \$ \_\_\_\_\_

*Thank you for your support!*

Charitable Registration No. 890733777 RR0001. | Tax receipts will be issued to the payer to the full extent allowable by CRA.

**Please see reverse.**

REGIONAL ANIMAL PROTECTION SOCIETY

# CAT SANCTUARY

**Your Information** *We will send a sponsorship package to your address.*

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

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

Please mail my sponsorship package       I will pick it up at the RAPS Administrative Office

*I hereby authorize the Regional Animal Protection Society (RAPS) to arrange monthly or one time automatic withdrawals from my credit card or my bank account, as completed below.*

**I understand I may cancel this authorization at any time with written notice.**

Please charge my  Visa  MasterCard on the  1st  15th of each month.

Credit Card # \_\_\_\_\_ Expiry Date \_\_\_\_\_

CVC # \_\_\_\_\_

Billing Name (as it appears on card) \_\_\_\_\_

Billing Address (if different than above) \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

**OR** Please **debit my bank account** (enclose cheque marked "VOID")

on the  1st  15th of each month.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Privacy Protection:**

Regional Animal Protection Society respects and is committed to protecting the privacy of your personal information and adheres to legislated privacy requirements under the PIPA Act. We believe ensuring the security of your personal information is an important part of our job, and we will protect any personal information you may provide us. Any personal information we collect is used for periodically contacting you to keep you informed about our activities and other mission-related communications. We will not sell, share, trade, or give away any personal information that we receive regarding our members to any outside party. If at any time you no longer wish to be contacted by RAPS or if you have any questions regarding the privacy of your personal information, please contact us at Suite 201, 13340 Smallwood Place, Richmond, BC, V6A 1W8 / Tel: 604-285-7724 / Email: admin@rapsbc.com / Web: www.rapsbc.com.

*Charitable Registration No. 890733777 RR0001. | Tax receipts will be issued to the payer to the full extent allowable by CRA.*

***Please see reverse.***