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ANNUAL FUND CAMPAIGN DONATION FORM

Yes, I/we wish to donate the amount of \$ _____ to Ballet BC!

My Donation will be made by:

- Cheque
 Credit Card VISA MC AMEX

Credit Card Number _____

Expiration _____

CVV # _____

NAME _____

ADDRESS _____

CITY _____ POSTAL CODE _____

EMAIL _____ TELEPHONE _____

SIGNATURE _____ DATE _____

For recognition purposes, I/we would like my/our name to be listed as:

Additional Information:

- Please send me more information about making a legacy gift
 My employer will match my gift
 This gift is in honour or remembrance of a friend, family member, or loved one

Please return to: **Ballet BC, 601 Smithe St., Vancouver, BC V6B 5G1.**

Or call/email: **Development Team, 604.732.5003, x218, vip@balletbc.com**

CHARITABLE REGISTRATION NO. 11907 5364 RR0001