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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, 1286 Cartwright St, Vancouver, BC V6H 3R8.**

Or call/email: **Development Team, 604.732.5003, x218, [vip@balletbc.com](mailto:vip@balletbc.com)**

CHARITABLE REGISTRATION NO. 11907 5364 RR0001