



Charitable Registration Number  
717553945RR0001

### DONATION DETAILS

- DONATE ONCE  
 DONATE MONTHLY

\$

### DEDICATION INFORMATION

- NO DEDICATION  
 IN MEMORY OF  
 IN HONOUR OF

### DONOR & TAX RECEIPT INFORMATION

First Name

Last Name

Address Line

City

Province

Postal Code

Email Address

Phone Number

### PAYMENT INFORMATION

- CHEQUE**       **PAD**       **CREDIT CARD**

Make one time cheque payable to BeLoved Care

Please debit my bank account via pre-authorized debits (attached VOID cheque)

I may revoke my authorization at any time, subject to providing notice of 30 days. I have the right to receive reimbursement for any payment that is not authorized or is not consistent with this PAD agreement.

Credit Card Number

Expiry (MM/YY)

CVV

Name on Card

Signature

Please sign and date for all forms of payment

Today's Date

### MAIL TO

BeLoved Care  
1217 22 Avenue  
Coaldale, AB T1M 1C6

### CONTACT

- ☎ 403-380-9638  
✉ info@belovedcare.ca  
🌐 BeLovedCare.ca

### THANK YOU!

*Thank you very much for supporting BeLoved Care!*  
*Your donation is greatly appreciated and we will honour it with commitment and integrity. We will also provide a donor update on a regular basis. If you have any questions, don't hesitate to contact us.*