



**Donor Information:**

Check this box if you wish to have your information anonymous.

First Name:		Last Name:	
Organization or Company Name:			
Mailing Address:			
City:	Province:	Postal Code:	
Email:		Home Phone Number:	
Please indicate best way to contact:			

**Define Program/Fund for Gift:**

<input type="checkbox"/> 0-6 Services	<input type="checkbox"/> Youth Homelessness	<input type="checkbox"/> Youth Services
<input type="checkbox"/> Best Babies	<input type="checkbox"/> Residential Services	<input type="checkbox"/> Langley Youth Resource Centre (HUB)
<input type="checkbox"/> Family Place	<input type="checkbox"/> Literacy Programs	<input type="checkbox"/> General
<input type="checkbox"/> Other: _____ (please indicate)		
Gift Amount:	\$ _____	Type: <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Other _____
Gift Type:	<input type="checkbox"/> One Time <input type="checkbox"/> Monthly <input type="checkbox"/> Annual <input type="checkbox"/> Other _____	
Would You Like to be contacted if further donor opportunities arise? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Would you be interested in volunteer opportunities? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Would you like a tax receipt? (available for donations over \$25.00) <input type="checkbox"/> Yes <input type="checkbox"/> No		

**Dedication:**

Would you like to make this donation in honor or memory of someone? <input type="checkbox"/> Yes <input type="checkbox"/> No	
First Name:	Last Name:
Mailing Address for gift recognition:	
City:	Province: Postal Code:

Encompass Support Services greatly appreciates your support. The programs offered by Encompass Support Services are only possible through a variety of funding sources including much appreciated donations of time, resources and cash contributions by community businesses and members such as yourself.