



SALT SPRING ISLAND FOUNDATION

Connecting your giving with island needs

I/we would like to contribute to our community foundation! Donation amount \$ _____

payable by: Cheque VISA MasterCard

_____ card number _____ expiry date

_____ name on card

_____ signature

I/We would prefer to make monthly payments of \$ _____ for _____ months

Cheques should be made out to the SSI Foundation and mailed to
Box 244, Ganges PO
Salt Spring Island, BC
V8K 2V9

A tax receipt will be issued to acknowledge your generosity.

Donation receipt to be made out to _____

Name(s) as you wish it/them to appear for donor recognition _____

I/we would prefer to remain anonymous

I/we understand that this donation will be held in perpetuity in the general endowment fund. Charitable Registration # 88930 1974 RR0001