

Semiahmoo House Society is a non-profit organization located in Surrey/White Rock that exists to provide quality services and support to people with disabilities and their families in the community.

Tax receipts will be issued. Charitable Registration #0870451-03. Mail form to: 15306 24<sup>th</sup> Avenue, Surrey BC V4A 2J1

**Personal Information**

Date \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Company Name (if applicable) \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Email \_\_\_\_\_ Website \_\_\_\_\_

Home phone \_\_\_\_\_ Mobile \_\_\_\_\_

**Type of Membership (please select payment method below)**

Individual \$15     Family \$25     Corporate \$50

**Donation Details (if you wish to make a donation at this time)**

I would like to donate the following amount

\$25     \$50     \$100     \$500     \$1000     \$ \_\_\_\_\_

I would like to designate my gift to the following program

General     Recreation & Leisure     Wish Fund  
 ABI Wish Fund     Peninsula Day Care     Other \_\_\_\_\_

I would like to donate to an endowment fund. Please contact me to explain my options

By Phone \_\_\_\_\_     By Email \_\_\_\_\_

**Special Instructions**

I would like to make my gift in memory of \_\_\_\_\_  
 I would like to make this gift on behalf of \_\_\_\_\_

**Payment Method**

Cash     Cheque (please make payable to Semiahmoo House Society)     Credit Card

Name on card (if different than above) \_\_\_\_\_

Card# \_\_\_\_\_ Expiry date \_\_\_\_\_

**Financial Planning**

I would like to learn about the benefits of planned giving     I would like to learn about the benefits of an RDSP

Office Use Only Date Received		Received by	
Date Entered		Entered by	