



Richmond Centre for **disABILITY**

Fostering independence.

Yes! I want to support the Richmond Centre for Disability!

Name: _____
Title First Name Last Name

Address: _____
City Province Postal Code

Telephone Number: _____ Email: _____

* * * * *

Donation amount (once)

Donate Monthly

\$ _____

\$ _____

Payment Method: ☐ Cash ☐ Cheque (made payable to Richmond Centre for Disability)

☐ Credit Card Visa / MasterCard Card #: _____

Name on Card _____ Expiry Date: _____

Signature: _____ Date: _____

* * * * *

Tax receipts are issued for donations of \$20 or more.

Charitable registration number: 88832 8432 RR0001

Mail your completed form to: Richmond Centre for Disability
#150 – 5520 McNaughton Road
Richmond, BC V6X 0X5

For more information, contact Nancy Pagani at 604-232-2404 or nancy@rcdrichmond.org