



ScandiaCare
It all comes down to people who ca.

Normanna Foundation Donation Form



Normanna

Enclosed is my / our gift of \$ _____ Please direct this donation to:

___ Area of Greatest Need ___ Other (please specify) _____

Name _____

Address _____

City _____ PC _____

Email _____

Home Phone _____ Mobile Phone _____

I / We wish to be acknowledged as _____

Or I /We wish to remain anonymous _____

___ Payment by **cheque**: Please make your cheque payable to Normanna Foundation and mail it to
7725 4th Street, Burnaby, BC V3N 5B6.

___ Payment by **credit card**: Please provide your credit card information ___ Visa ___ MC ___ AMEX

Name on card _____

Card # _____ Expiry ___ / ___ Security Code (CVV2) _____

**I / we would like to make this donation (the amount listed above) a regular donation every
___ month ___ every quarter ___ every year, beginning today.**

___ Payment by **credit card**

Name on card _____

Card # _____ Expiry ___ / ___ Security Code (CVV2) _____

___ Payment by **post dated cheques** enclosed

Commemorative donation:

___ In memory ___ in honour of ___ as a birthday gift ___ other (please specify) _____

Name of person _____

Please send a notification card to _____

Address _____

City _____ PC _____

Charitable Registration Number: 89083 1191 RR0001

Return this form to: Normanna Foundation

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