



Donation Card

Cheque Visa Mastercard Gift amount: \$ _____

CC #: _____ Exp: _____

Signature: _____ Date: _____

From: _____

All donations will be acknowledged by Canadian Hard of Hearing Association—BC Chapter and tax-receipts issued.

The donations will be used by BC Chapter for hard of hearing people and their concerns in the province of British Columbia.

For more information, call CHHA-BC :
Toll Free: 1 866 888 2442
Email: info@chha-bc.org

Charitable Tax Registration (BN) 865718365 RR0001



*If this donation is in memory of a person,
please complete this page.*

Donor's name should be printed on reverse side
of this card.

This donation is in memory of:

Please Acknowledge gift to:

Donations should be sent to:

Canadian Hard of Hearing Association — BC Chapter
#216 - 9181 Main Street,
Chilliwack, BC V2P 4M9



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