



ISLANDS TRUST CONSERVANCY

Suite 200 - 1627 Fort Street, Victoria, BC V8R 1H8

Telephone: 250.405.5186

Fax: 250.405.5155

Toll Free via Service BC in Vancouver 604.660.2421 Elsewhere in BC 1.800.663.7867

Website: www.islandstrustconservancy.ca

Email: itcmail@islandstrust.bc.ca

Donation Form

PERSONAL INFORMATION

Name _____ Address _____

City _____ Region _____ Postal/Zip Code _____

Telephone _____ Cell _____ Email _____

Subscribe to the Islands Trust Conservancy electronic newsletter: No Yes

DONATION INFORMATION

All donations to the Islands Trust Conservancy are tax-deductible. Unless otherwise requested, we will direct 100% of your donation to our Opportunity Fund which supports local conservancies.

Here is my donation of: \$50 \$75 \$100 \$1000 Other Amount: _____

For one of the following: Opportunity Fund (Directed to island acquisition projects)
Lasqueti Island Acquisition Fund (Geographically Restricted Fund)
Gambier Island Acquisition Fund (Geographically Restricted Fund)
Thetis Island Acquisition Fund (Geographically Restricted Fund)
Covenant Management and Defence Fund

Donation amounts are confidential and will not be publicly released.

I am willing to let my name be known as a supporter: No Yes

Please indicate whether your gift is in memory or in honour or memory of someone: No Yes

My gift is in memory My gift is in honour Person's Name: _____

PAYMENT METHOD

Please make cheques payable to the **Islands Trust Conservancy**. Print and mail this form to:

Islands Trust Conservancy
Suite 200 - 1627 Fort Street
Victoria, BC V8R 1H8

Freedom of Information

Personal information contained on this donation form is collected under the authority of the Islands Trust Act Section 42 (2) (a), and is subject to the Freedom of Information and Protection of Privacy Act. The personal information will be used for purposes associated with the Islands Trust Conservancy's (ITC) Strategic Charitable Giving Program. Enquiries can be directed to the ITC Manager at (250) 405-5191.

Cheque Visa MasterCard

Credit Card Number: _____

Expiry Date: Month _____ | Year _____

Credit Card Security Code (CSC) _____

Name on Card: _____

(As shown on card)

Total: _____

Thank you very much for your support!