## I would like to support programs at James Bay Community Project

Enclosed is my cheque payable to James Bay Community Project for:	Yes I would like a charitable tax receipt. Please send to:
\$25 \$50 \$100 \$250 \$500	Name:
Other amount:	
I prefer to give on my VISA MasterCard	Address:
Name on Card:	
	Post Code:
Card Number :	
	Phone:
Expiry: / CVV:	
The CVV Number on your credit card is a 3-digit number on on the back of the card next to your signature.	Email:
Signature:	
I wish to become a monthly donor, please charge 1	2 monthly payments of \$ to my credit card
OR	
☐ I wish to become a monthly donor, please find enc	losed 12 postdated cheques
☐ I wish my donation to be anonymous	
I would like to find out more about leaving somethi	ng to JBCP in my will
Yes I'd like to receive the JBCP Newsletter by: Mail	Email No thank you do not send me any mail
· · · · · · · · · · · · · · · · · · ·	his form, or drop it off at reception: 17 Michigan St., Victoria BC, V8V 1S5

James Bay Community Project respects your privacy and adheres to the legislated privacy requirements. We do not and nor will we ever sell, trade or rent out any of your personal information. For further information or if you have any questions please contact JBCP: askus@jbcp.bc.ca | 250.388.7844

