



The Association
of Advocates
for Care Reform

Donation Form

We depend on the support of generous donors who help us make a difference in the residential care community in British Columbia. Your support is greatly appreciated.

Enclosed is my gift of \$ _____

Please send my receipt to:

Name: _____

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You can honour friends or loved ones by making a tribute donation in their name. ACR will be pleased to send a card to notify them of the gift made by you in their honour.

You can also recognize a special person who has passed away with an in-memoriam donation. A special card will be sent to the family of the person you are remembering with your gift.

Name of Honouree: _____

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Receipts are issued for all charitable donations.
(Charitable Registration #0971671-11)

Please make cheques payable to:

The Association of Advocates for Care Reform
3348 West Broadway
Vancouver, BC
V6R 2B2

Please send me more information on:

The Advocates for Care Reform Family Councils

I would like to volunteer, please call me

Please do not publish my name in your donor recognition material

ACR respects the privacy of our donors and does not share donor information with any other organization.