



Please use my	gift to	feed and	care for a	as many as	possible.
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П	5/5.	.00

□ \$50.00

□ \$100.00

 \square \$____ other amount

Please enter your Billing and Payment information.

*Fields marked with an asterisk are required for receipt purposes.

Name*	
Billing address*	
City*	
Province*	
Postal Code*	
Phone number	
Email	

Credit card number	
Expiration date	
Authorized signature	

Thank you for your support.

Mail to: Our Place Society 919 Pandora Avenue Victoria, BC V8V 3P4