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[Nourish Cowichan](#)

*\*Tax receipts will be provided*

**Please Select One**

☐ Cheque (Payable to "Nourish Cowichan")

☐ Cash

☐ E-Transfer (nourishcowichan@gmail.com)

**Credit Card Authorization** (*Payment Processed By Nourish Cowichan*)

Date:	Name:		
<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard		Card Number:	
Name on Card:			Expiry Date:
			CVV:

Total Donation: \_\_\_\_\_

Authorization Signature: \_\_\_\_\_

Tax Receipt Mailing Information

Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Business Name (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_