



Nourish
COWICHAN

[Nourish Cowichan](#)

**Tax receipts will be provided*

Please select One

<input type="checkbox"/> Cheque (<i>Payable to "Nourish Cowichan"</i>)
<input type="checkbox"/> Cash
<input type="checkbox"/> 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: _____