Donation Form

Together we can build a healthier and sustainable community

www.berryroadfood.coop

For Office Use Only

Date: _____

Receipt #: _____

Signing BRFC Representative: _____

By providing your information, you authorize the Berry Road Food Co-op (BRFC) to collect, disclose and use your information for statistical purposes and to process donations. Information will be disclosed to the BRFC Board of Directors as necessary to accomplish these purposes. If you do not wish to be identified, please enter "Anonymous" for both the First Name and Last Name.

DONATION INFORMATION

(*Mandatory fields)

*Date D D / M M / Y Y *Title _____ *Preferred Method of Communication ☐ Phone ☐ Email ☐ Mail

*First Name _____ *Last Name _____

*Suite/Apt _____ *Address _____

*City _____ *Province _____ *Postal Code _____

*Email _____ *Phone _____

SELECT YOUR DONATION PACKAGE

☐ **"Member" - $10.00** For a one time fee of only $10.00, you get a lifetime membership at BRFC.

☐ **"Founding Co-op Patron" - $200.00†** Buy one or more $200.00 Co-op Credit Vouchers, redeemable when you shop at the Co-op after our doors open! We'll even give you a special discount when you redeem your vouchers as our way of saying thanks for supporting our community effort.

MUST SELECT ONE OF THE FOLLOWING OPTIONS: ☐ I'm already a member Member # (if applicable): _____ ☐ Sign me up as a member (check "Member" box above)

☐ **Preferred Donation** Any amount of your choosing that you can donate helps our cause of building a healthier and more sustainable community.

☐ $25 ☐ $40 ☐ $55 ☐ $75 ☐ $100 ☐ Other $_____ ☐ Single Donation ☐ Monthly Donation

PAYMENT METHOD

(Make cheques payable to BERRY ROAD FOOD CO-OPERATIVE INC.)

Select Method: ☐ Cash ☐ Credit Card ☐ Cheque ☐ E-Transfer (Send to contributions@berryroadfood.coop)

Card Type: ☐ Visa ☐ Mastercard ☐ American Express Card # | | | | | | | | | | | | | | | | Expiry | | / | | |

Cardholder Name _____ Signature _____ **TOTAL DONATION** C$

AUTHORIZATION: *I authorize the Berry Road Food Co-op to charge C$_____ to my credit card.*

SUBMITTING YOUR FORM & DONATION

Please mail your form and donation to:

For more information, please contact Executive Director, James Partanen, at **647.479.9584** or **james@berryroadfood.coop**

Attn: Berry Road Food Co-op
150 Berry Road
Etobicoke, ON
M8Y 4H6

TEAR-OFF RECEIPT: KEEP FOR YOUR RECORDS

(**If applicable)

Date: _____ Donation Package: _____ Total Donation Amount: _____

**Member #: _____ **Receipt #: _____ **Signing BRFC Representative: _____

†A membership is mandatory to become a "Founding Co-op Patron" and is required to receive the Co-op Credit Vouchers. Founding Patron Co-op Credit Vouchers will be redeemed in monthly installments starting six months after the Co-op's doors are open, with the monthly redemption rate determined by the Board of Directors as indicated by the Co-op's finances. Redeeming vouchers will include a further 15% discount on your purchases. Unredeemed vouchers more than 12 months old will be redirected to other Co-op Credit programs to support income barrier free access to BRFC's healthy local food for all.