



## DONATION FORM

This donation is from an:  Individual  Organization

### CONTACT INFORMATION

Dr.  Mr.  Mrs.  Ms.  Miss

Full name \_\_\_\_\_ Organization name (if applicable) \_\_\_\_\_

Street address \_\_\_\_\_ City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone # \_\_\_\_\_ Cell # \_\_\_\_\_ Email \_\_\_\_\_

Are you a CapU alum?  Yes: (if yes, year and program) \_\_\_\_\_  no

I wish my gift to remain anonymous

I wish to receive information from the foundation regarding its activities

### DONATION

Please direct my gift to: \_\_\_\_\_ OR  Area of greatest need

*(Examples: Campaign for Student Success\*, Faculty of Business & Professional Studies, Aboriginal, Performing Arts, Athletics)*

A. I wish to make a one-time gift of:  \$50  \$100  \$200  Other \$ \_\_\_\_\_

B. I wish to make a monthly gift of:  \$25  \$50  \$100  Other \$ \_\_\_\_\_/month

Month/Year start date: \_\_\_\_\_ Month/Year end date \_\_\_\_\_  No end date Total gift amount: \$ \_\_\_\_\_

### PAYMENT

Cash/Cheque (payable to Capilano University Foundation)

Visa  Mastercard  Amex

Cardholder's name (print): \_\_\_\_\_ Card #: \_\_\_\_\_ Expiry date: \_\_\_\_\_

Cardholder's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Thank you for your support.**

#### SUBMIT TO:

FOUNDATION / OFFICE OF DEVELOPMENT & ALUMNI RELATIONS | BIRCH BUILDING, ROOM BR449 | 2055 PURCELL WAY, NORTH VANCOUVER, BC V7J 3H5

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Charitable Business No. 11883 7756 RR0001