



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 #: _____ Card expiry date: _____ Card security code: _____

Cardholder's signature: _____ Date: _____

Thank you for your support.

SUBMIT TO: