

Date of Initial Contact

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## **Legacy Fund Donation Form**

☐ I wish my donation to be anonymous. **Donor Information:** Name Member #: Company Name (if applicable) Mailing Address City Prov. Postal Code Contact # Mobile # Email: **Donation Details:** ☐ Credit Card □Cash Amount: \$ ☐ Cheque Credit Card Type: □ Visa ☐ Mastercard □ Other? Card Number: **Expiry Date** Signature Date ☐ In-Kind Donation Description (include quantities): Estimated Fair Market Value: \$ Appraisal Required? ☐ Yes □ No Name Company Name Mailing Address Prov. Postal Code City Contact # Mobile # Email: Name of Legacy Fund Committee Member