

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:

<input type="checkbox"/> Cash Amount: \$	<input type="checkbox"/> Cheque	<input type="checkbox"/> Credit Card
Credit Card Type:	<input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard <input type="checkbox"/> Other?
Card Number:	Expiry Date	
Signature	Date	

<input type="checkbox"/> In-Kind Donation
Description (include quantities):
Estimated Fair Market Value: \$

Appraisal Required? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name		
Company Name		
Mailing Address		
City	Prov.	Postal Code
Contact #	Mobile #	
Email:		

Name of Legacy Fund Committee Member	
Date of Initial Contact	