

DONOR INFORMATION FORM

DONOR INFORMATION:

<input type="radio"/> Mr. <input type="radio"/> Mrs. <input type="radio"/> Ms. <input type="radio"/> Dr. <input type="radio"/> Other	
Receipt	
Name/Contact	
Organization	
Event	
Address	
City, Prov, Postal Code	
Donor Recognition Name	
Telephone	Email

DONATION INFORMATION:

Specification _____ <small>Please indicate if donation is for equipment, operating costs, new building campaign or where need is greatest.</small>	
Amount	\$ Payment Type - cash, cheque, visa (add number)
Payment received by: <input type="radio"/> Phone <input type="radio"/> Mail <input type="radio"/> In person <input type="radio"/> Web	
<input type="radio"/> Official tax receipt required <input type="radio"/> Official tax receipt NOT required	

TRIBUTE TYPE:

<input type="radio"/> Memorial <input type="radio"/> Birthday <input type="radio"/> Graduation <input type="radio"/> Honorarium <input type="radio"/> Anniversary <input type="radio"/> Marriage <input type="radio"/> Other (explain)	
Name of Honoured or Deceased	Address or Phone Number of Honoured
Send Acknowledgement of gift to: Name & Address of Individual or Family Member (to Notify of Donation)	Relationship of acknowledgement to the Honoured/Deceased: <input type="radio"/> Spouse <input type="radio"/> Sibling <input type="radio"/> Child <input type="radio"/> Other: _____

Received By: _____	Date: _____
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