



## Make a Donation

### Donor Information

Mr.    Mrs.    Ms.    Dr.    Rev.    Mr. & Mrs.    Dr. & Mrs.    Rev. & Mrs.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Preferred Phone: \_\_\_\_\_  h  w Preferred Email: \_\_\_\_\_  h  w

### Gift Information

I wish to make a one-time gift of \$ \_\_\_\_\_

I wish to make a recurring gift of \$ \_\_\_\_\_ My gift will be given  monthly or  quarterly on the  1<sup>st</sup> or  15<sup>th</sup> of the month.  
My first payment of \$ \_\_\_\_\_ will be made on \_\_\_\_\_ (DD/MM/YY).

If this form is received after the processing date for the indicated starting month:

- Double my first gift for the following month.  
 Process my gift the following month as per regular schedule.

**Note: All scheduled gifts will continue until we are notified to discontinue payments.**

I wish for my gift to be designated to:

- Annual Operating Fund    Future Foundations Capital Campaign    Other: \_\_\_\_\_

I am making this gift in memory or in honour of: \_\_\_\_\_

### Payment Information

I have enclosed cash, cheque or money order.

I authorize Crandall University to withdraw my gift amount from my

• **Credit card**

- VISA    MasterCard

Credit Card Number:

Credit Card Expiry Date (MM/YY):   -

Cardholder's Signature: \_\_\_\_\_

• **Chequing account** (please attach a void cheque)

Account Holder's Signature: \_\_\_\_\_

Account Holder's Signature\*: \_\_\_\_\_

*\*If two signatures are required for your account (e.g. cheques)*

### Other Information

My company is matching my gift. Company name: \_\_\_\_\_

I wish my donation to be anonymous.

Please send information on Planned Giving (bequests, estates and wills, etc.).

**Charitable tax receipts will be issued for eligible donations. Recurring gifts (e.g. monthly) will be consolidated onto one receipt at the end of each calendar year.**