



Date: _____

DONOR INFORMATION

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: Bus: _____ Home: _____ Fax: _____ E-mail: _____

This is a joint gift with: _____ Name to appear on receipt: _____

IN SUPPORT OF VCC, I/WE WISH TO DONATE

A total gift of \$ _____ Payments to begin: _____/_____(Month/Year)

Payable: One Time OR over one year in Monthly Installments Other _____

Method of Gift Payment Cheque Post-dated cheques (enclosed)

MasterCard Visa Amex

For Credit Cards

Cardholder's Name: _____ Card Number: _____

Expiry Date: _____ SEC: (3 or 4 digit security number): _____

Please make all cheques payable to VCC Foundation. A pledge reminder will be mailed to you from the Foundation office in advance of your pledge payment. Monthly credit card pledges will be processed mid month. Receipts for total annual donations are issued in February. **VCC Foundation Charitable Registration No. 119282846RR0001**

DESIGNATION

I would like to designate my gift to the following VCC fund:

Name of Fund: _____

RECOGNITION

We may publish donor names in recognition of their support, unless otherwise indicated. No, I prefer my gift remain anonymous

AUTHORIZATION

I hereby authorize VCC Foundation and, if applicable, VCC Finance Department to process my pledge as detailed above.

AUTHORIZATION SIGNATURE: _____

SEND TO:

VCC Foundation
1155 East Broadway
Vancouver, BC V5T 4V5

Please refer any questions to:
Rowella Mabayo at 604.871.7147
OR email: r Mabayo@vcc.ca