

## **DONOR INFORMATION FORM**

## -IMPORTANT -

Receipts will be issued to name on cheque. Please print all information. Use company address, phone and fax for donations from companies. Use individual address and phone for donations from individuals.

			Da	nte:		
Student Name:			Ph	one:		
Instructor Name:			Ph	one:		
Company Name:						
	Mr./Mrs./ Ms. Circle First	and Last Name				
Total Donation Amou	nt: \$					
Payment Options:						
☐ Cheque	Please make cheque	payable to: <u>Kwa</u>	antlen Polytechnic U	niversity Foundation		
□ Debit - bank - account #	I authorize the KPU	Foundation to au	utomatically debit my	y bank account on the 15 <sup>th</sup> of each month.		
☐ Credit Card	□ Visa	□ Maste	rCard [	☐ American Express		
Print name:			Signature:			
<del></del>				Expiry Date:		
0 1 "			Expiry Date:			
Card #:						
Card #:  Name on Card:						
Card #:	equired		_ · · · · · · · · · · · · · · · · · · ·			
Card #:  Name on Card:  Official Tax Receipt Re  Donor Wishes to Rem	equired	☐ Yes	□ No			
Card #:  Name on Card:  Official Tax Receipt Re	equired ain Anonymous	☐ Yes	□ No			
Card #:  Name on Card:  Official Tax Receipt Re  Donor Wishes to Rem  Address:	equired ain Anonymous	☐ Yes	□ No	Phone:		

Please use one staple to attached cheque here. Return this form to: Kwantlen Polytechnic University, Office of Advancement 206 - 12666 72 Avenue, Surrey, BC V3W 2M8

Kwantlen Polytechnic University Foundation Charitable # 86156 2924 RR0001