

Fax Giving Form


Fax this form to 905.725.5475

Shaded areas are mandatory information.

Donor Information:

Name: _____		
Address: _____		City: _____
Province: _____	Postal Code: _____	Residence Telephone: _____
Daytime Telephone: _____		e-mail: _____

I will make a total contribution of: \$ _____	Please designate my gift to <input type="checkbox"/> Where Most Needed <input type="checkbox"/> Scholarship <input type="checkbox"/> Bursary <input type="checkbox"/> Team <input type="checkbox"/> Other: _____
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Payment Details:

<input type="checkbox"/> Cash Donation (For security reasons, please attach a money order to this form)	
<input type="checkbox"/> Cheque Donation (Payable to University of Ontario Institute of Technology ; please attach to this form)	
<input type="checkbox"/> Credit Card Payment	Card Number: _____ Expiry Date: _____ Cardholder's Name: _____
<input type="checkbox"/> Visa	<input type="checkbox"/> Single Payment of: \$ _____ <input type="checkbox"/> Monthly Payments of: \$ _____ x _____
<input type="checkbox"/> Mastercard	Payment Start Date: _____ End Date: _____

<input type="checkbox"/> I would like my gift to remain anonymous.
<input type="checkbox"/> I would like my name to appear as _____ in public donor listings.
<input type="checkbox"/> I would like to be contacted by a Gift Officer to obtain further information.

Signed: _____	Date: _____
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Thank you. Official Canada Revenue Agency income tax receipts will be issued for gifts equal to or greater than \$10.00.

<input type="checkbox"/> Receipt Required	Name to appear on receipt: _____
<input type="checkbox"/> No Receipt Required	(Must match name appearing on cheque or credit card)