



THANK YOU FOR YOUR SUPPORT!

DONOR INFORMATION

Dr. Ms. Mrs. Miss Mr.

First Name: _____ Middle initial: _____ Last Name: _____

Address: _____

City: _____ Province/State: _____ Postal Code/ZIP: _____

Phone: _____ Email: _____

GIFT INFORMATION

I would like to make a one-time contribution of \$ _____

I would like to make monthly payments of \$ _____

Bank Debit—I authorize Kwantlen Polytechnic University Foundation to automatically withdraw \$ _____ every month from my bank account on the 15th day of each month(s).
Please attach voided cheque.

Beginning on: _____ (mm/dd/yy) Ending on: _____ (mm/dd/yy)

Cash/Cheque—cheque payable to Kwantlen Foundation

Credit—Please charge my: Visa Mastercard American Express

Card #: _____ Expiry Date: _____

Name on card: _____

Signature: _____

PLEASE DIRECT MY GIFT TOWARDS

A Lasting Endowment

kwantlen.ca/foundation/priority/endorsement.html

Athletics

kwantlen.ca/foundation/priority/athletics.html

Fashion

kwantlen.ca/foundation/priority/design.html

Scholarships, Awards and Bursaries

kwantlen.ca/foundation/priority/scholarships.html

Library

kwantlen.ca/foundation/priority/library.html

Music

kwantlen.ca/foundation/priority/music.html

Student Accessibility

kwantlen.ca/foundation/priority/accessibility.html

Visual Arts

kwantlen.ca/foundation/priority/visual_arts.html

Direct my gift to: _____

Unrestricted (Unrestricted gifts offer the greatest flexibility as they give Kwantlen the opportunity to direct them to the area of greatest need)

Signature: _____ Date: _____

I am Kwantlen Alum—Year: _____ I am Kwantlen Faculty/Staff—Campus: _____

For the purpose of recognition I wish to remain anonymous

Charitable Registration # 86156 2924 RR0001156 2924 RR001

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