



For Advancement Office Use Only:	
ID:	_____
Fund:	_____

Mail Giving Form

Please complete and mail this form to:

Advancement Office
2000 Simcoe St. North, Oshawa, ON L1H 7K4

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"/> Existing Named Fund:	_____
	<input type="checkbox"/> Other:	_____

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 Durham College ; 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: _____

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)

