DURHAM COLLEGE
SUCCESS MATTERS

For Office Use Only:
ID: _____
Fund: _____

Fax Giving Form

Please complete and fax this form to 905.720.3135

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: ☐ Where Most Needed ☐ Scholarship ☐ Bursary ☐ Existing Named Fund: _____ ☐ Other: _____

☐ Credit Card Payment Card Number: _____ Expiry Date: _____

Cardholder's Name: _____

☐ Visa ☐ Single Payment of: $ _____ ☐ Monthly Payments of: $ _____ x _____

☐ Mastercard Payment Start Date: _____ End Date: _____

☐ I would like my gift to remain anonymous.
☐ I would like my name to appear as _____ in public donor listings.
☐ 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.

☐ Receipt Required Name to appear on receipt: _____
☐ No Receipt Required (Must match name appearing on cheque or credit card)

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Charitable Registration Number: 86418 3769 RR0001