



For Office Use Only:	
ID:	_____
Fund:	_____

## Mail Giving Form

Please complete and mail this form to:

Durham College - Office of Development  
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:	_____

<b>Payment Details:</b>	
<input type="checkbox"/> Cash Donation (For security reasons, please attach a money order to this form)	
<input type="checkbox"/> Cheque Donation (Payable to <b>Durham College</b> ; 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)

