



# Donation Form

***Thank you for your support***

**Gift Amount:**  \$1000  \$500  \$250  \$100  \$50  Other \$ \_\_\_\_\_  
 Pledge \$ \_\_\_\_\_ per year for the next \_\_\_\_\_ years starting \_\_\_\_\_

**Gift Designation:**  Where the need is greatest  Capital Projects:  
 Scholarships and Bursaries  Trades Expansion Project (*Kelowna*)  
 Okanagan College Endowment  Jim Pattison Centre of Excellence (*Penticton*)  
 Libraries  Other \_\_\_\_\_  
 Other – please indicate Specific Award, Faculty, Campus, Subject, Department or Project: \_\_\_\_\_

**Donor Information:**  Mr.  Mrs.  Ms.  Miss  Dr.

Name: \_\_\_\_\_ (as you wish it to appear on the charitable receipt)

Name: \_\_\_\_\_ (as you wish it to appear in printed materials)

Address: \_\_\_\_\_ City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal: \_\_\_\_\_

Telephone: Day ( ) \_\_\_\_\_ Evening ( ) \_\_\_\_\_

Preferred Email: \_\_\_\_\_

**I am / We are:**  Okanagan College Employee(s) / Retired Okanagan College Employee(s)  
 Alumnus, Class of \_\_\_\_\_ Program of Study: \_\_\_\_\_  
*Last Name While Attending Okanagan College / OUC, if different than above* \_\_\_\_\_  
 Parent(s)/Grandparent(s) of  Alumnus  Current Student: \_\_\_\_\_  
 Friend(s) of Okanagan College

**Payment:**  Cheque (*payable to Okanagan College Foundation, please enclose with completed form*)  
 Please bill my credit card (*please see below*)  
 Monthly payment plan (*please see below*)  
 Other (e.g. *Securities*) \_\_\_\_\_

Credit Card Payment:  MasterCard  Visa  American Express

Account Number: \_\_\_\_\_

Expiry Date: \_\_\_\_\_ Signature: \_\_\_\_\_

This gift is in  honour or  memory of \_\_\_\_\_

Please notify the person below that this gift has been made:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

I / We wish to remain anonymous.

Please send information about:  Including Okanagan College in my estate planning  
 Creating a student award  
 Gifts of shares / insurance / property

**MONTHLY PLAN** – Yes! I would like my gift to the Okanagan College Foundation made monthly. Please charge \$ \_\_\_\_\_ (\$10 minimum) to my credit card each month.

\_\_\_\_\_  
*Signature*

The authorization to transfer the amount indicated shall remain in effect until I notify the Foundation. A charitable receipt will be sent at the end of each calendar year.