

# FUTURE Physicians CAMPAIGN

CBU Charitable Tax Number  
BN# 119279032RR0001

## Donation Sheet

Date Received: \_\_\_\_\_

Development Office Staff: \_\_\_\_\_

**Contributor's Name:** \_\_\_\_\_

Mailing address: \_\_\_\_\_

Contact 1: \_\_\_\_\_ Ph: \_\_\_\_\_ Email: \_\_\_\_\_

Contact 2: \_\_\_\_\_ Ph: \_\_\_\_\_ Email: \_\_\_\_\_

**Contribution Amount: \$** \_\_\_\_\_

**One-time Gift**

or

**Multi-Year Pledge:**

The Donor will make an initial payment of [\$ \_\_\_\_\_] on or before [Month/Day/Year] \_\_\_\_\_,  
followed by annual payments of [\$ \_\_\_\_\_] on [Month/Day/Year] \_\_\_\_\_, for a total gift of [\$ \_\_\_\_\_].

Pledge reminders will be issued prior to the dates noted.

### Payment Method:

Cheque \_\_\_\_\_ enclosed  Credit Card  Securities

### Credit Card Payment Information:

Number: \_\_\_\_\_ Name on Card: \_\_\_\_\_ CCV: \_\_\_\_\_

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

### Funds Allocation:

Future Physicians Scholarship Fund \_\_\_\_\_

Other: \_\_\_\_\_

*Percentage*

### Contribution Acknowledgement:

Name Only Appearing as: \_\_\_\_\_

Name and Amount

Anonymous

Signature: \_\_\_\_\_

Notes: \_\_\_\_\_

