



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

Gift/Payment Schedule:

The Donor will make an initial payment of [\$ _____] on or before [month, day, year] _____.

The Donor agrees to make subsequent gifts of [\$ _____] each year from [month/year to month/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:

Scott Moir Memorial Award (CBUFA Awards _____

Endowment Fund) _____

Other _____

Percentage

Contribution Acknowledgement:

Name Only Appearing as: _____

Name and Amount

Anonymous

Signature: _____

Notes: _____

Return completed form to giving@cbu.ca for processing.