

Donor Information

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Full Name Organization name (if this gift is made by the organization)

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Address City Province Postal code

.....

Phone Email

Gift Information

.....

Gift description (e.g., Item, quantity, serial number etc.)

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.....

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Gift value: (Please attach documentation to support the Fair Market Value)

.....

Gift purpose: I acknowledge this gift may be used for educational and/or non-educational purposes

Tax Receipt *

Tax receipt request (select one): Yes No

*VCC Foundation accepts gifts and gifts-in-kind in accordance with the Canada income Tax Act and VCC's internal policies.

Donor Recognition

I wish to be recognized as: (if different than above. e.g., The Smith Family)

I wish to remain anonymous

This gift is in memory of in honour of (please specify):

Approved by

.....

Donor Signature (type name, or print and sign) Date

.....

VCC Dean Signature Date

.....

VCC Foundation Signature Date