



GIFT PROCESSING - GIFT REMITTAL FORM

BIOGRAPHICAL INFORMATION

CONSTITUENT ID#: _____

TITLES: MS. MISS MR. MRS. DR. THE ESTATE OF OTHER: _____ SUFFIXES: _____

NAME OF DONOR (FOR RECEIPTING)

ORGANIZATION CONTACT NAME (IF APPLICABLE) POSITION

()

ADDRESS: HOME BUSINESS PHONE

CITY PROVINCE POSTAL CODE

()

RECEIPTING ADDRESS (IF DIFFERENT FROM ABOVE) PHONE

CITY PROVINCE POSTAL CODE

()

EMAIL ALT. PHONE Cell Business Fax

GIFT INFORMATION

CAMPAIGN: _____ FUND: _____ APPEAL: _____

SPLIT GIFT – FUND1: _____ ADMINISTRATION (TPL/TPLF): 80/20 0/100 [100% TO FDN]
FUND2: _____ 100/0 [100% TO TPL] OTHER _____

GIFT – PAYMENT INFO: \$ _____ (TOTAL GIFT AMOUNT) \$CAD \$US OTHER _____

CASH CHEQUE PAYROLL STOCK / PROPERTY GIFT IN KIND SPONSORSHIP: _____

ON-LINE DIRECT DEBIT (VOID CHEQUE REQUIRED) CHEQUE ATTACHED CHEQUE ON FILE

CREDIT CARD VISA MC AMEX #:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

NAME ON CREDIT CARD: _____ EXPIRY DATE: _____ (MM/YY) CSV: _____

GIFT – SCHEDULE: ONE TIME ONLY NEW PLEDGE (ATTACHED) MONTHLY MEMBERSHIP

\$ _____ (TOTAL PLEDGE AMOUNT)

FIRST PLEDGE PAYMENT SUBSEQUENT PLEDGE PAYMENT FINAL PLEDGE PAYMENT

INSTALMENT AMOUNT: \$ _____ START DATE: _____ (DD/MM/YY) END DATE: _____ (DD/MM/YY)

PAYMENT FREQUENCY: MONTHLY QUARTERLY SEMI-ANNUALLY ANNUALLY OTHER _____

