

CONTACT INFORMATION

First name	<input type="text"/>	Last name	<input type="text"/>	Phone	<input type="text"/>
Address	<input type="text"/>			Fax	<input type="text"/>
City	<input type="text"/>	Province	<input type="text"/>	Country	<input type="text"/>
Date	<input type="text"/>				
Postal	<input type="text"/>	Email	<input type="text"/>		
Donor recognition name (if different from above)	<input type="text"/>				

GIFT INFORMATION

Donation amount	<input type="text"/>	Name on card	<input type="text"/>		
I wish to remain anonymous? Yes <input type="checkbox"/> No <input type="checkbox"/>	Card number		<input type="text"/>		
I require a tax receipt? Yes <input type="checkbox"/> No <input type="checkbox"/>	Credit card	<input type="text"/>	Expiry	<input type="text"/>	
My gift is in honor/memory of	<input type="text"/>				
Direct my pledge/gift to	<input type="text"/>				

LANGARA AFFILIATION

<input type="checkbox"/> Langara alumni	Year of study	<input type="text"/>	Field of study	<input type="text"/>
<input type="checkbox"/> Langara employee	Department	<input type="text"/>		
<input type="checkbox"/> Other	Indicate	<input type="text"/>		

CORRESPONDENCE

Please send me:

1. Future correspondence from Langara (e.g. newsletters, invitations, updates and fundraising)
2. Information about giving through my estate plans

Please make cheques payable to the Langara College Foundation