

Donation Form

Langara College Foundation
100 West 49th Avenue, Vancouver BC, V5Y 2Z6
Tel: 604.323.5183
Charitable registration number: 829255132RR0001

DONOR INFORMATION (For purpose of tax receipt)

First name _____ Last name _____

Company (if applicable) _____

Address _____

City _____

Province _____ Postal code _____

Email _____ Phone _____

Connection to Langara

Langara alumni Langara employee Other

GIFT INFORMATION

Gift amount \$ _____

Direct my gift to _____ In honour of _____

I wish to remain anonymous YES NO I require a tax receipt YES NO

GIFT INFORMATION

Cheque payable to Langara College Foundation



Credit Card Number: _____ Expiry Date: _____ / _____

Name on card: _____ Signature: _____

Please print out this form, sign and mail the form to:

Langara College Foundation
100 West 49th Avenue
Vancouver BC, V5Y 2Z6

FOR INTERNAL USE ONLY

Campaign _____

Appeal _____

Gift code _____

Fund # _____

Constituency code _____



Langara College
Foundation