

DONATION FORM



DONOR IDENTIFICATION

Donor Name: (as you would like it to appear on all printed materials)	
Donor Name: (for correspondence and tax receipts)	
If you are a Southpointe School parent, please provide the name and grade of your child/children:	Southpointe ID #
Mailing Address, including city and postal code:	
Phone:	Email Address:

YOUR DONATION

I would like to make a gift of \$ _____ to support Southpointe Academy's Count Me In Annual Fund Campaign.		
I would like to make a monthly gift of \$ _____ to support Southpointe Academy's Count Me In Annual Fund Campaign.		
<input type="radio"/> Visa	Card Number: _____	
<input type="radio"/> Mastercard	Expiry Date: _____	CSV: _____
<i>I agree to provide Southpointe Academy with my credit card information for the purpose of donating to the school. I also understand that I need to provide a written notice to Southpointe Academy should I decide to change the amount of or terminate the monthly donation.</i>		
Signature _____		Date: _____
<input type="radio"/> Cash / Cheque	Cheque Number: _____	Date of Cheque: _____

DONOR RECOGNITION

We would like to recognize your gift to the School. However, if you prefer to remain anonymous, please let us know.

I wish to remain anonymous: YES NO

I would like to direct my donation to the following:

To the greatest needs of the school Bursaries and Scholarships Other (e.g. Athletics, Arts,) _____

TAX RECEIPTS - PLEASE READ CAREFULLY!

Tax receipts will be issued for all qualifying donations that meet Canada Revenue Agency guidelines. The minimum donation needed for a tax receipt is \$50.

I would like to receive a tax receipt: YES NO

Donor Signature: _____ Date: _____	ALL INFORMATION MUST BE COMPLETED AND FORM MUST BE SIGNED FOR PROPER DONOR RECOGNITION AND TAX RECEIPTS.
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