

DONATION FORM

Thank you for your donation to the BC Deaf Scholarship Trust. Please complete this form and mail it with your donation to:

BC Deaf Scholarship Trust

PO Box 50051
South Slope RPO
Burnaby BC
V5J 5G3

A tax receipt will be issued for all donations. Charity Registration: **853519361RR0001**

Donor Information:

Name: _____

Address: _____

City: _____ Province & Postal Code: _____

Phone #: (_____) _____ - _____ E-mail: _____

Amount of Donation:

\$200 \$100 \$75 \$50 \$25 Other: \$ _____

Method of Payment:

Cheque Money Order

Please mark my donation to support:

Employment Literacy Education Any Program or Scholarship Signature:

_____ Date: _____

Office only	
Date received:	Tax Receipt Sent:
Amount: <input type="checkbox"/> Money Order <input type="checkbox"/> Cheque	Deposit Date:
Note:	