

Donation Form



Fill out this form. Email it to **foundation@uniti4all.com** or drop it off at our main office (15306 24th Avenue, Surrey).

Personal Information

Date _____

First Name _____ Last Name _____

Company Name (if applicable) _____

*Tax receipts will be issued to the company, if listed.

Address _____

City _____ Province _____ Postal Code _____

Email _____

Website (optional) _____

Primary Phone _____

Secondary Phone (optional) _____

Donation Details

I would like to donate the following amount:

\$50 \$100 \$250 \$500 \$1000 Other: \$ _____

I would like to designate my gift to the following program

General	Guidance Counseling	Community Services - South Campus
Recreation and Leisure	Vehicle Fund	Community Services - North Campus
Wish Fund	Acquired Brain Injury Services	Self Advocates of Semiahmoo

I would like to donate to an endowment fund. Please contact me to explain my options.

By Phone

By Email

Tribute

I would like to make my gift in memory of _____

I would like to make my gift in honour of _____

Payment Method

Cash

Cheque (make payable to The Semiahmoo Foundation)

Credit Card

Name on card (if different than above) _____

Card # _____ Expiry Date ____/____

Financial Planning

I would like to learn about the benefits of planned giving.

A tax receipt will be issued. Our charitable organization number for The Semiahmoo Foundation is 13382 1991 RR 0001, and our charitable organization number for Semiahmoo House Society is 11914 4772 RR 0001.

Office Use Only

Date Received _____

Received by _____

Date Entered _____

Entered by _____