

APEGA FOUNDATION DONATION FORM

Mr/Miss/Ms/Mrs Surname First Name Middle Name(s)

Street Address

City Province/State/Country Postal/Zip Code

(Area Code) Phone (Area Code) Fax E-mail

Title/Company Name (or attach business card): _____

Yes! I/we support the APEGA Foundation. Here is my/our donation of \$ _____

I prefer to pledge my/our gift as follows. My/our first payment is enclosed:

Monthly \$ _____ per month Start Date _____ End Date _____

Quarterly \$ _____ Start Date _____ End Date _____

Annual \$ _____ Start Date _____ End Date _____

Please designate my/our donation to: (✓)

Endowment Fund Student Awards Innovation Area of Greatest Need

Payment Method: (✓)

Cheque enclosed (*payable to the APEGA Foundation*)

VISA# _____ Expiry Date _____ CVV _____

Master Card # _____ Expiry Date _____ CVV _____

Signature _____ (*required for credit card payment*)

I/we would like to receive information on contributing to _____

I/we would like to receive information on making a bequest or other form of planned gift.

As a donor, do you wish your name, or your company name to be listed as part of our donor recognition program? (✓)

Individual Name (s) Company No, I/we wish my/our gift to be anonymous

Add even greater value to your gift through an employee matching program. Check with your company for details. Spouses, retirees and directors may also be eligible for corporate matching gifts.

My/our gifts will be matched by: _____ (*company name*)
Form attached.



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