

# APEGA EDUCATION 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 Education 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: (✓)

Past Presidents Fund       Alex Hemstock Graduate Bursary       General Revenue

Payment Method: (✓)

Cheque enclosed (*payable to the APEGA Education Foundation*)

VISA# \_\_\_\_\_      Expiry Date \_\_\_\_\_

Master Card # \_\_\_\_\_      Expiry Date \_\_\_\_\_

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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**EMAIL:** edufound@apega.ca **apegaeducationfoundation.ca**