

Donor Information

Full Name Organization name (if this gift is made by the organization)

Address City Province Postal code

Phone Email

Gift Information

Gift description (e.g., Item, quantity, serial number etc.)

.....

.....

Gift value: (Please attach documentation to support the Fair Market Value)

Gift purpose: ☐ I acknowledge this gift may be used for educational and/or non-educational purposes

Tax Receipt *

Tax receipt request (select one): ☐ Yes ☐ No

*VCC Foundation accepts gifts and gifts-in-kind in accordance with the Canada income Tax Act and VCC's internal policies.

Donor Recognition

☐ I wish to be recognized as: (if different than above, e.g., The Smith Family)

☐ I wish to remain anonymous

☐ This gift is ☐ in memory of ☐ in honour of (please specify):

Approved by

Donor Signature (type name, or print and sign) Date

VCC Dean Signature Date

VCC Foundation Signature Date