

# > DONATION FORM



AT LETHBRIDGE COLLEGE, WE ARE PROUD TO BE PREPARING THE NEXT GENERATION FOR WHATEVER NEW CHANGES AND CHALLENGES TOMORROW MIGHT BRING. WE ARE THANKFUL FOR PEOPLE LIKE YOU WHO ARE COMMITTED TO MAKING A DIFFERENCE IN THE LIVES OF STUDENTS, AND WE KNOW THAT WHEN WE ADD YOUR GIFT TO THE PERSEVERANCE AND DETERMINATION OF OUR COMMUNITY, ANYTHING IS POSSIBLE. THANK YOU.

## > DONOR INFORMATION

First Name: .....

Last Name: .....

Organization (if applicable): .....

Address: .....

City: ..... Province: ..... Postal Code: .....

Phone Number: .....

Email: .....

## > PLEDGE INFORMATION

*Yes! I want to support Lethbridge College:*

### AMOUNT OF DONATION

☐ A one-time donation of: \$ .....

or

☐ \$50/month ☐ \$100/month

☐ \$150/month ☐ \$ ..... /month

Start Date: .....

End Date: .....

## PAYMENT OPTIONS

☐ Credit Card

☐ Pre-authorized Debit (PAD)  
(form attached)

☐ Cheque payable to Lethbridge College  
- one-time only (enclosed)

☐ Cash - one-time only (enclosed)

If eligible, please send my charitable receipt by:

☐ Mail ☐ Email

## > AREA OF SUPPORT

*Please indicate which area(s) you would like your donation to support.*

☐ The Ready to Rise Bursary Fund

☐ Kodiaks Athletics Scholarships

☐ Agriculture Science  
Student Research Fund

☐ Centre for Justice and  
Human Services Travel Bursary

☐ Other (fund# or description): .....

## > CREDIT CARD INFORMATION (IF APPLICABLE)

☐ Visa ☐ Mastercard

Credit Card Number: .....

Name (as it appears on card) .....

Expiry Date: .....

CVV: .....

## > ACKNOWLEDGEMENT INFORMATION

☐ I wish to have my gift remain anonymous

or

☐ Use the following name(s) in all acknowledgements:

.....

or

**My donation can be noted as:**

☐ In Memory of: .....

☐ In Honour of: .....

## > PLEDGE

*I pledge to donate to Lethbridge College, the donation(s) listed above.*

**Signature:** .....

**Date:** .....

Information you provide to Lethbridge College is collected under the authority of Section 33(c) of the Alberta Freedom of Information and Protection of Privacy (FOIP) Act and is managed in accordance with Part 2 of the FOIP Act. Your personal information will be used to process and recognize your donation (first name, last name, and gift amount only) and to update and maintain donor records. Your personal information will not be used or disclosed for any other purpose without your express permission unless required by law. If you have any questions about how the information you provide is collected, stored, used or disclosed you can contact the College's FOIP Coordinator by phoning (403) 320-3361, emailing [privacy@lethbridgecollege.ca](mailto:privacy@lethbridgecollege.ca), or writing to 3000 College Dr S, Lethbridge, Alberta T1K 1L6 c/o Institutional Compliance.

Please submit completed form to:

**Development Office (CE2322)**

3000 College Drive S. Lethbridge, AB T1K 1L6

[development.office@lethbridgecollege.ca](mailto:development.office@lethbridgecollege.ca)

403.320.3457