

Yes, I/we wish to support CNC!

First Name: _____ Last Name: _____

Address: _____

Phone: _____ E-mail: _____

- I wish to remain anonymous
- Tax receipt required
- I give permission for my name to be printed in donor recognition publications

Please **print** your name as you would like it to appear

Please designate my gift to:

- Student awards (scholarships and bursaries)
- Capital fund
- Classroom equipment
- Area of greatest need
- Support for a specific academic program: _____
- Athletics
- Aboriginal initiatives
- Library

Amount of gift(s): _____

- Cheque/money order enclosed*
Please make all cheques payable to: College of New Caledonia
- Credit card*
Please circle one: VISA / MasterCard # _____ Exp. _____

Cardholder signature

- I would like to donate the above amount in _____ (number) installments over the next one-year period.

Please send me more information about:

- Establishing an annual award/endowment
- Gift in-kind donations
- Planned giving
- Other _____

Thank you for your donation! Please submit to:

Donor and Alumni Relations

Communication Services

3330 – 22nd Avenue

Prince George, BC V2N 1P8

250 562 2131 ext. 5313

donors@cnc.bc.ca