



**SASKATOON**  
CHRISTIAN SCHOOL

# DONATION FORM

To be completed in ink

Please print clearly and complete ALL information.

## DONOR INFORMATION

Surname:		Given Name:		Middle Initial: (required by CRA)
Mailing Address:				
City:	Province:	Postal Code:	Phone:	
Email:				

## DONATION INFORMATION

Gift Amount: \$ _____	<b>Check one:</b> <input type="checkbox"/> General Fund <input type="checkbox"/> Financial Assistance Fund <b>Check one:</b> <input type="checkbox"/> One-time Gift <input type="checkbox"/> Monthly Gift (on the 1 <sup>st</sup> of each month)
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## PAYMENT INFORMATION

**These payments are made on behalf of a(n):**  individual  business

I will donate using the following method (**check one**):

Cash

Cheque (made out to "SCS")

Debit

e-Transfer:  General Fund (donation@saskatoonchristianschool.ca)  
 Financial Assistance Fund (financialassistance@saskatoonchristianschool.ca))

Pre-authorized Payment:  Chequing  Saving  
 (Attach a void cheque or bank account printout to this form, including institution number (3 digits), transit number (5 digits) and account number).

<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard	Cardholder Name (if different than donor):																				
Credit Card Number:																					
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Expiration Date:	CVV:																				

## DONOR SIGNATURE

I understand that when the need for these campaigns have been met, or cannot be completed for any reason as determined by the organization, my contribution will be used where needed most. I hereby authorize Saskatoon Christian School to process the one-time and/or monthly gift as outlined in the *Donation Information* section of this form.

**SIGN HERE**

**Thank you for your support!** Saskatoon Christian School is a registered Canadian charity, registration #107957318RR0001.  
 Receipts for income tax purposes will be issued for all individual donations of \$10 or more received up to and including December 31 of each year, in accordance with the current requirements of the Canada Revenue Agency.