



AGH/FVM Foundation Donation Form

(Date Received _____ By: _____)

Donor Information:

Name: _____

Address: _____

City/Town: _____ P.C. _____

E-mail: _____ Phone: _____

Business Contact Name and Title: _____

In Memory/ Honour of: _____

Next of Kin: _____ Relationship: _____

Next of Kin Address: _____

Phone: _____

Event Name: _____

Gift Amount: One-time Donation \$ _____ Monthly Donation \$ _____

Payment Method: Visa _____ MasterCard _____ AMEX _____ Cheque # _____ Cash _____

Card Number: _____ CVV: _____ Expiry: _____ / _____

Thank you for your kindness!

(Date Processed: _____ Confirmation #: _____)