

# LILLOOET COMMUNITY FOUNDATION

## **Donation Form**

### **Donor Information (please print or type)**

Name(s)	
Billing Address	
City	
Province	
Postal Code	
Telephone (home)	
Telephone (business)	
E-mail	

### **Pledge Information**

I (we) pledge a total of \$\_\_\_\_\_ to be paid into the Lillooet Community Foundation.

### **Acknowledgement Information**

Please use the following name(s) in all acknowledgements:

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The Kamloops Foundation would like to acknowledge your generosity publicly by including your name in our annual report, in the District of Lillooet's annual report, and in other recognition and stewardship materials that we may prepare. If you would prefer to remain anonymous, please check below.

\_\_\_ I (we) wish to have our gift remain anonymous.

Please notify the following person of this gift:

Name	
Mailing Address	
City	
Province, Postal Code	

### **Additional Information**

Please send me information on how to make a gift to the Lillooet Community Foundation through \_\_\_ my will \_\_\_ my life insurance \_\_\_ my securities.

Signature(s)
Date

Please make cheques, corporate matches, or other gifts payable to:

Lillooet Community Foundation  
c/o Kamloops Foundation  
PO Box 15,  
Kamloops BC V0K 1V0