

DONATION C°RD

| Surrey Schools | Yes, I would like to support the education of students in the Surrey School District | | | | | | | |
|--|--|-------------------------|---------------|------------------|-------------------|-----------------------|------------------------|--------------------|
| LEADERSHIP IN LEARNING | Please accept my dona | ation of: | □ \$25 | □ \$50 | □ \$100 | □ \$250 | □ Other | |
| | Title: | First Name: | | | | Last Name: | | |
| 14033 92nd Avenue Surrey, BC V3V 0B7 Ph: 604-595-6069 Eax: | Address: | | | | | City: | | Postal: |
| | Email: | | | | | Home Phone: | | Work Phone: |
| | □ I enclose a cheque payable to School District No. 36 (Surrey) □ I include my credit card information below | | | | | | | |
| bdev- office@surreyschools.ca | Credit Card #: | | | | | Expiry: | Sec Code: | Signature: |
| | I would like my donation made 🛛 In Memory Of 🖾 In Honour Of | | | | | | | |
| The Surrey School District is the largest | Title: | First Name: | | | | Last Name: | | |
| | Please indicate the address of the person being honoured or the name and address of the next of kin for In Memoriam donations. | | | | | | | |
| chool District in British | Title: | First Name: | | | | Last Name: | | |
| Columbia with over 69,000 students | Address (if known): | | | | | City: | | Postal: |
| he School District is a | Email: | | | | | Home Phone: | | Work Phone: |
| federally registered | Tax receipts will be issued | to the donor fo | all donations | of \$20 or more. | A note will be se | nt to the next of kir | n in the case of In Me | emoriam donations. |
| charity. | l would like to designate my donation: 🗆 School Meal Program 🛛 Literacy Programs 🗂 Athletics 🗖 Computers 🗍 Fine Arts 🗖 After School Programs | | | | | | | |
| | □ A specific school. | Please name | | | □ Ot | her | | |

BCH9G.