



DONATION FORM

Individual/Company Name(s): _____

Address: _____ Postal Code: _____

Phone: _____ E-Mail: _____

I/we pledge to support the following award with a four-year commitment to an annual donation as follows:

CIBPA Members Award

Tutor - minimum \$25 a year

Teacher - minimum \$100 a year or 12 monthly payments of \$8^{.55}

Professor - minimum \$250 a year or 12 monthly payments of \$20^{.83}

Dean - minimum of \$500 a year or 12 monthly payments of \$41^{.66}

I choose an annual donation of _____.

I choose a monthly donation of _____.

CIBPA Founders Award

President - minimum \$1,000 a year or 12 monthly payments of \$83^{.34}

I choose an annual donation of _____.

I choose a monthly donation of _____.

CIBPA Business Founders Award

Chancellor - minimum of \$1,500 a year or 12 monthly payments of \$125^{.00}

I choose an annual donation of _____.

I choose a monthly donation of _____.

Method of Payment

Tax receipts will be issued for all donations of \$25 or more.

Cheques (Please make cheques payable to CIBPA Ottawa Scholarship Awards Program)

Visa Card No: _____ Expiry Date: _____

M/C Signature: _____

Check here if you **DO NOT** consent to the publishing of your name and category of donation. This information may be posted on the website, in various brochures and promotional material in support of the capital campaign for the scholarship program.

Please return completed forms and/or cheques to:
CIBPA Ottawa Scholarship Program
1026 Baseline Road, Ottawa, ON, K2C 0A6

THANK YOU for supporting the CIBPA Ottawa Scholarship Awards Program!