

Ms. Mrs. Mr.	O Dr.				
First Name:		Middle Initial:	Last Nam	e:	
Home Address:			City	r	
Province:	Postal	Code:	Personal Emai	l:	
Phone:	Cell: _		Employee ID#	·	
☐ I wish to remain anony	ymous				
Please direct my gift to	GrowingStudent	 Growing Tomorrow - Student Awards Growing Tomorrow - Enhancing Education and Student Life Student Emergency Fund Other (please specify): 			
I want to make a donat	ion of:				
One-time gift of:	\$				
O Monthly recurring gift of:	\$	beginning month of	=(pa	ayments processed on 1st of each month)	
• Annual recurring gift of:	\$	beginning month of	(pa	ayments processed on 1st of each month)	
O Pledge gift of:	\$	(\$	_ per year for	_ years) beginning month of	
•	nic, Advancen	nent c/o Accounts F	Receivable, Bo	ytech.ca. Please mail your cheque to x 1420, Moose Jaw SK S6H 4R4.	
	2211100110 000		- 11 July 10		

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