

Donor Information Card

Deer Lake School Science Lab Upgrade



FOR DEER LAKE SCHOOL PARENTS/GUARDIANS:

I authorize a donation in the amount of \$_____ to be charged to my account as indicated on my Pre-Authorized Payment Form on file in the school office.

Signature of Account Holder _____
Authorization of Account Holder/Name (please print)

FOR FRIENDS OF DEER LAKE SCHOOL FROM OUTSIDE OUR SCHOOL COMMUNITY:

First name _____ Last name _____

Address _____ City _____ Postal Code _____

Phone _____ Donation Amount \$ _____
[cheques made out to Deer Lake School may be mailed to the address below]

Credit Card Type [Master Card or Visa] _____ Signature _____

Credit Card No. _____ Expiry date _____ CVV No. _____

I authorize DLS to charge my credit card indicated above in the amount donated

A Tax Receipt Will Be Issued for Donations of \$25 or More

Thank you for your generosity!

A tax receipt will be mailed to the address on this form so please print clearly

DEER LAKE SCHOOL 5550 Gilpin Street Burnaby BC V5G2H6 604.434.5844 deerlakeschool.ca