

Gift in Kind Donation Form

Langara College Foundation

100 West 49th Avenue, Vancouver BC, V5Y 2Z6

Tel: 604.323.5183

Charitable registration number: 829255132RR0001

DONOR INFORMATION

For purpose of tax receipt

First name _____ Last name _____

Company (if applicable) _____

Address _____

City _____

Province _____ Postal code _____

Email _____ Phone _____

Connection to Langara

Langara alumni Langara employee Other

GIFT INFORMATION

Donor recognition name (if different from above) _____

I wish to remain anonymous YES NO

I require a tax receipt YES NO

Please provide a detailed description of item(s) being donated (eg. quantity, serial number etc.) _____

Value of donation _____

Evidence of fair market value included (appraisal or invoice) YES NO

Signature _____

Date _____

Please print out this form, sign and mail the form to:

Langara College Foundation

100 West 49th Avenue

Vancouver BC, V5Y 2Z6



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