



Donation Form

Donor Information

Title First Name Last Name

Address

City Province Postal Code

Phone Number Email

- I prefer to give anonymously. I would like more information about providing for Wycliffe College in my Will.

Gift Amount

- \$100 Friend of Wycliffe Here is my Monthly Gift of: \$5
 \$250 Sustaining Donor or \$10
 \$500 Principal's Circle \$20
 \$_____ Other \$_____ Other

Designated Project: Annual Fund Institute of Evangelism
 Other (please specify) _____

Payment Options

- I prefer to pay by enclosed cheque, payable to: Wycliffe College.
 I prefer to pay by credit card.
 VISA MasterCard American Express

Cardholder's Name Card Number Expiry

Signature

Please send your gift along with the completed donation form to:

Wycliffe College
5 Hoskin Avenue
Toronto, ON
M5S 1H7

If you would like to speak with Rob or Angela about making a gift please call (416) 946-3524.

Charitable Registration #108223389RR0001