



TRIBUTE PROGRAM LOWER CANADA COLLEGE

DONOR INFORMATION

Name: _____

Phone: _____

Address: _____

Email: _____

City: _____ Province: _____

Postal Code: _____

TRIBUTE INFORMATION

Please make my gift a Tribute:

In Honour of: _____

In Memory of: _____

Please Notify:

Name: _____

Address: _____

City: _____ Province: _____

Postal Code: _____

DONATION INFORMATION

Please accept my gift of \$ _____

LCC Area of Greatest Need

Programs (academics, arts, athletics)

Other: _____

PAYMENT OPTIONS

Payment by Cheque:

I have enclosed a cheque/money order payable to Lower Canada College to fulfill my gift.

Payment by Credit Card:

I authorize LCC to debit the amount specified to my credit card.

Visa Mastercard - Credit Card # _____ - _____ - _____ - _____ Expiry ____ - ____

Vcode _____

Name on card: _____

Signature: _____ Date: day/month/year

DONOR RECOGNITION

Please list my/our name(s) in Donor Recognition materials as: _____

Please respect my desire to remain anonymous.

Simply return this form to us along with your donation. We will send an acknowledgement as per your request. The amount of your gift will not be disclosed, and you will receive a tax receipt for the full amount of your contribution.
