

OKANAGAN WALDORF SCHOOL

ANNUAL FUND DONATION FORM

DONOR INFORMATION

NAME: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

DONOR RECOGNITION

I WOULD LIKE MY GIFT TO BE ACKNOWLEDGED
UNDER THE FOLLOWING NAME(S):

I WOULD LIKE MY GIFT TO REMAIN ANONYMOUS

I WOULD LIKE THE AMOUNT OF MY GIFT TO
REMAIN PRIVATE

YOUR GIFT

ONE TIME DONATION OF

\$ _____

OR

MONTHLY CONTRIBUTION

CASH

CHEQUE

PAYABLE TO THE BRIDGE EDUCATIONAL SOCIETY

e-TRANSFER

MADE TO INFO@OKANAGANWALDORFSCHOOL.ORG

IF YOU ARE INTERESTED IN THIS OPTION,
PLEASE CONTACT JONI-LYNN JONES AT
JJONES@OKANAGANWALDORFSCHOOL.ORG
OR CALL 250-547-9212

RETURN THIS FORM AND PAYMENT TO:

OKANAGAN WALDORF SCHOOL

730 WHITEVALE RD

LUMBY, BC V0E 2G7