



Yes I would like to help support the Delta School District!

Title: _____ First Name: _____ Last Name: _____

Street Address: _____

City: _____ Province: _____ Postal Code: _____

Home Telephone Number: _____

Please accept my donation of:

\$25 \$50 \$75 \$100 Other

I would like my donation to be used where it is most urgently needed
or

I would like to designate my donation to one of the following:

- Name of school _____
- Name of scholarship _____
- Name of bursary _____
- Name of program _____

Please mail this form with a cheque made payable to the specific school you are giving a donation to or to the Delta School District:

Delta School District
4585 Harvest Drive
Delta, BC
V4K 5B4

Attn: Financial Services

Tax receipts are only issued for donations of \$25 or more.

Please indicate if you require a tax receipt.

Yes No