

# Employee Giving Form



## Contact Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_  
BCIT Department \_\_\_\_\_ Position \_\_\_\_\_ BCIT ID# A00 \_\_\_\_\_

## Donation

### Option 1 – Make a Monthly Gift:

#### Payroll

I wish to give through payroll deduction. I authorize BCIT to deduct the following amount per pay period:  
 \$20  \$40  \$80  \$100  \$\_\_\_\_\_ (other)

#### Credit Card

I authorize the BCIT Foundation to arrange a monthly gift of \$\_\_\_\_\_ from my credit card.  
**Please include your credit card information below.**

**You can cancel your payroll or credit card contribution at any time by calling 604.432.8803.**

### Option 2 – Make a one-time gift of:

\$100  \$250  \$500  \$\_\_\_\_\_ (other)

#### I would like my gift to support

BCIT 50<sup>th</sup> Anniversary Legacy Fund  Other Named Award \_\_\_\_\_  
 Area of Greatest Need  Other area of interest \* \_\_\_\_\_

\*Please contact the Foundation to discuss other areas you are interested in supporting

#### To recognize and thank our donors, BCIT publishes an annual Honour Roll

I wish my gift to remain anonymous

## Payment

a.  Cash/Cheque (cheque payable to the BCIT Foundation)

Total enclosed \$\_\_\_\_\_

b.  Visa  MasterCard  American Express - **please check one**

Cardholder's name (print) \_\_\_\_\_ Credit Card Number: \_\_\_\_\_ Expiry  
date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Signature

Please authorize your gift(s) by signing here:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please send your cheque and/or a completed employee giving form via interoffice mail to the BCIT Foundation, or give us a call at 604.432.8803 and we'll arrange to pick it up.

**Thank You for Making a Difference at BCIT**

Your gift qualifies for a charitable tax receipt. BCIT Foundation Charitable Registration Number BN: 87677 6824 RR0001.