Donor Profile Card		
Name:		
If Applicable, partner/spouse name:		
Mailing Address:		
Phone:	Cell:	
Email:		
(Please print clearly zero as 0, one as 1) I give permission to the BPCF to contact me via email Yes No		
I would like my/our donations to remain anonymous	Yes M	No
I would like my donations and those of my partner to be recognized j	ointly Yes	Νο
If different than above, please indicate how you would like your name(s) spelled on the donor list:		
(Example: Bill wishes to be recognized as William)		
Do you donate to a family fund or special interest fund? Yes	No	
Name of Fund:		
Are donor clubs important to you? Yes No		Donor Clubs
Do you wish to share your donor club achievement? Yes	No	\$500 – Community Supporter
Donor testimonial or reason you donate to the BPCF:		\$1,000 – Friend of the Foundation \$2,500 – Community Builder
bonor testimonial of reason you donate to the bref.		\$5,000 – Heritage Club \$10,000 – Foundation Benefactor
		\$25,000 – Foundation Patron
I give BPCF permission to utilize my donor testimonial/reason I donate to the BPCF for promotional purposes.		
Signature		

By typing your name you are agreeing to allow BPCF to send you emails regarding upcoming events, newsletters and fundraisers and granting permission to utilize donor testimonial/reasons you donate to the BPCF for promotional purposes.

Please email this form to info@beautifulplainscf.ca