



# DONATION / SPONSORSHIP FORM

Date: \_\_\_\_\_ Prepared By: \_\_\_\_\_ Dept./School: \_\_\_\_\_

Amount: \_\_\_\_\_

**PLEASE NOTE** - the following contact information is **mandatory**.

Donor's Full Name and Address

Individual  Corporation  Sponsor  Gift

\*If donor is a corporation or organization, please provide:

Contact's Full Name: \_\_\_\_\_

Contact's Title: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Fund/Account Name: \_\_\_\_\_

Worktag: \_\_\_\_\_

Recipient Team/Group Name: \_\_\_\_\_

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Notes: