



DONOR AGREEMENT

I, _____ hereby give the Western Development Museum (WDM) CBN#119293215RR0001 \$ _____, subject to the following conditions: (Please check one)

For general purposes

Directed toward the specific purpose of _____

Gift to be endowed at the Saskatoon Community Foundation - WDM Legacy Fund

Gift to be endowed internally at WDM

This donation is to be paid _____ (how?)

This donation is to be paid _____ (when?)

The Charitable Tax Receipt is to be issued in the name of: _____

Donor's Name

Signature

Date

The WDM hereby accepts the gift and conditions thereof.

WDM Manager of Philanthropy

Signature

Date

Donor Contact Information:

Mr. Mrs. Miss Ms. Dr.

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Preferred Phone Number: _____

Alternate Phone Number: _____

E-mail address: _____

Preferred methods of contact:

Email Phone Mail

Alternate address or contact information such as work or home.

Please check one:*

You have permission to publish my/our name(s)

I/We prefer that the donation remain anonymous

*The Western Development Museum protects your personal information and adheres to all legislated requirements with respect to protecting your privacy. We do not rent, sell or trade our mailing list.

The WDM will provide the following agreed-upon Donor Recognition Benefits for this gift: (List Benefits):

