



Giving Form

vancouver
foundation

Thank you for your interest in *Giving Well*, our giving circle for women collectively supporting women's issues in BC.

To become a *Giving Well* member for the next granting meeting please complete the following information and return it to Vancouver Foundation by **May 22, 2017**.

Your information

Already a member of *Giving Well*? ☐ yes ☐ no (if yes please provide name only)

Name:

Email:

Telephone:

Mailing Address:

Street

City

Province

Postal Code

Two weeks prior to the *Giving Well* meeting we will e-mail the meeting materials for your review.

Your interests

To get a better sense of which granting themes *Giving Well* members are most interested in, please identify your interests:

☐ Children & Families

☐ Seniors Issues

☐ Health

☐ Youth

☐ Supporting Immigrants

☐ Social Services

☐ Addressing Homelessness

☐ Arts & Culture

☐ Education

☐ Other (please specify)

Recognition

Vancouver Foundation would like to recognize *Giving Well* members on our website and other publications.

☐ I would like to be recognized as: _____

☐ I would like to remain anonymous

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Your gift

We welcome donations of any amount to *Giving Well*. For gifts of \$1,000 or more you will be invited to our granting meeting to vote on projects. For gifts less than \$1,000 we will extend invitations to attend site visits at local charities working to improve the lives of women.

I would like to make a donation of \$_____.

☐ Using my Vancouver Foundation Donor Advised Fund

(Please specify fund name)

☐ Cheque (payable to Vancouver Foundation)




☐ Credit card donations please visit www.vancouverfoundation.ca/GivingWell

☐ Please send me details about making a gift of publicly traded securities.



Agreement

*I am contributing my donation towards the June 7, 2017 Giving Well meeting.
I understand that:*

-  My donation will fund projects supporting women in BC.
-  My donation will become part of a pool which will be disbursed collectively by *Giving Well* members via democratic majority vote.
-  My donation is non-revocable.

Signature

Date

My friend may also be interested in *Giving Well*. Please contact:

Name: _____ Email: _____ Phone: _____

Please sign and return via mail, e-mail or fax:

Vancouver Foundation
200 - 475 West Georgia Street
Vancouver, BC V6B 4M9

Attention: Nicole Jeschelnik
E: nicole.jeschelnik@vancouverfoundation.ca
T: 604.629.5356 **F:** 604.688.4170