

CANADIAN FEDERATION OF UNIVERSITY WOMEN – BRAMPTON

MEMBERSHIP FORM

Year: 2016-17

PLEASE PRINT:

Name:

Address _____

Postal Code: _____

University Attended: _____ Degree: _____

Graduation Year: _____

Telephone Number: (Home) _____

E-Mail Address:

I wish to be a member of the CFUW-Brampton. Enclosed is my payment of \$100.00.

Signature

SCHOLARSHIP CAPITAL FUND DONATION

(Cheques may be postdated to November 1, 2016)

Complete the following form:

I, _____, do instruct “CFUW-Brampton” to donate \$_____

to the Canadian Federation of University Women – Brampton Scholarship Capital Fund in my name. My donation is being made strictly on a voluntary basis.

Signed: _____

Date: _____

Official income tax receipts for the Scholarship Capital Fund Donation will be issued at a later date.

Date receipt sent: