

Form C



			Date:		
Name of Danam					
Name of Donor:					
Address:					
Telephone No.:		Email Ad	dress (Req'd)		
My donation is:	C\$	Receipt R	ea'd:	Yes	No
,					
Please direct my gift to (choose only one):					
☐ Support the work of Gawad Kalinga Canada					
☐ Kusina ng Kalinga Program					
☐ SEED (School for Experiential and Entrepreneurial Development) Scholarship Program					
Others (Please indicate):					
Diagon make sharus mayable to Cowad Kalinga Conade and provide the following informations					
Please make cheque payable to Gawad Kalinga Canada and provide the following information:					
Bank:		Cheque #:		Date:	
Farriers has OVO					
For use by GKC:					
Prepared by Volunteer:			Rec'd by Treasurer		
Concurred by ED or Comm. Head:			Rec'd by Accountant		
			,		
Date of Input in e-tapestry:			Ref #:		