



# Donation Form

Mailing Address:  
Canadian Mathematical Society  
Attn: Development Coordinator  
209-1725 St. Laurent Blvd., Ottawa, Ontario K1G 3V4  
T:613-733-2662 F: 613-733-8994

## Donor Information

**CMS Member**  Yes ID# \_\_\_\_\_  No

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_

Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone:	Area code		Email:
--------	-----------	--	--------

**NOTE:** The tax receipt will be sent to address on our database unless otherwise requested.

Anonymous contribution (Name will not be published)

**Donation Details** Please enter the amount you wish to donate next to the applicable Fund(s):

### STUDENT ACTIVITIES

Mathematics Competitions	\$ _____	Office use 5030.0302 <input type="checkbox"/>
CRUX with MAYHEM	\$ _____	5030.0806 <input type="checkbox"/>
Math in Moscow	\$ _____	5030.0309 <input type="checkbox"/>
Education Activities	\$ _____	5030.0301 <input type="checkbox"/>

### RESEARCH AND COLLABORATION

General Operations	\$ _____	5030.0101 <input type="checkbox"/>
Research Activities	\$ _____	5030.0401 <input type="checkbox"/>
Research Journals	\$ _____	5030.080X <input type="checkbox"/>
Electronic Services	\$ _____	5030.0101 <input type="checkbox"/>

### ENDOWED FUNDS

CMS Endowment Fund	\$ _____	5030.2000 <input type="checkbox"/>
Mathematical Olympiads Funds	\$ _____	5030.3000 <input type="checkbox"/>
David Borwein Distinguished Career Award Fund	\$ _____	5030.5000 <input type="checkbox"/>
Other – Please specify: _____	\$ _____	_____ <input type="checkbox"/>

Is this a commemorative Donation ?  yes  no If yes, please provide us the name of the person

In Memory of: \_\_\_\_\_

In Honor of: \_\_\_\_\_

### Method of Payment

**Cheque**

**Credit Card**

Visa

Master Card

Card Number: \_\_\_\_\_

Expiry Date: (MM/YY) \_\_\_\_\_

Signature: \_\_\_\_\_

Name as printed on Card: \_\_\_\_\_