

DONATION FORM

Name(s):	
Organization (If Applicable):	
Street Address:	
Country: P.O. B	3ox
Work Phone: Home Phon	ne:
Cell Phone: Email Address:	
I would like to make a donation in the amount of:	
\$100 \$500 \$1000 \$1500	Other Amount \$
I would like to make a donation toward the following:	
Scholarship & Financial Aid () Programme Developmer
Purchase of Material/Equipment Operational C	Cost Capital Project Initiatives
I would like to make a donation in honour/memory of	
I would like to give my donor story for your website	Yes No
I would like to give this donation anonymously	Yes No
I would like to be placed on the BTVI mailing list	Yes No
I would like to volunteer with the Alumni Association	Yes No
Signature:	Date:

Thank you for your generous contribution! Your gift will help us to fulfill our mission 'to provide learning opportunities that enable individuals to be globally competitive and economically independent'.