

Donation Form

I have enclosed a cheque.	
Please deduct \$	from my Envision Financial account
Please deduct \$	from my Valley First account
Please deduct \$	from my Enderby and District Financial account
Please deduct \$	from my Island Savings account
Membership #	
Branch	
Account type	
One-time transaction	
Monthly transaction (the amount indicated will be withdrawn each month)
ease direct my contribution to:	
Enderby & District Financial Community Fun	d Haukeland Family Legacy Fund
Envision Financial Community Fund	Peter Bell Legacy Fund
Island Savings Community Fund	Peter Podovinikoff Fund
Valley First Community Fund	Rod Dewar Legacy Fund
Ben H. Voth Legacy Fund	Sally O'Sullivan Legacy Fund
Frank Jamieson Memorial Fund	Where it's needed most
Gord and Enrica Huston Fund	
ease print:	
Name:	
Address:	
City:	Province: Postal Code:
Phone:	Email:
Signature:	

Please drop or mail to:

Note to branch: Please contact Foundation office at 604.539.5867 for processing instructions.

- ☐ I would like more information about making a bequest to the First West Foundation in my will.
- ☐ I have named the First West Foundation as a beneficiary in my will.

Questions? Please call 604.539.5867 firstwestfoundation.ca