

**YES!** I/My family will participate in HNMCS's Annual Giving Campaign

I would like to pledge \$ \_\_\_\_\_ of support.

### DONOR INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Designated to: Head of School Initiatives

Infrastructure & Building Improvements

Financial Aid & Scholarship Fund

Greatest Needs      Other: \_\_\_\_\_

### PAYMENT METHOD

My cheque is enclosed. (Please make cheque payable to:

Holy Name of Mary College School)

Charge my credit card:      VISA      MASTERCARD

Credit Card # \_\_\_\_\_ CSV: \_\_\_\_\_

Exp: \_\_\_ / \_\_\_ Name of Card: \_\_\_\_\_

Signature:

I wish to make a gift of securities: Please contact me.

I choose to allocate \$ \_\_\_\_\_ of my annual donation dollars in support of Holy Name of Mary College for each of the next \_\_\_\_\_ years.

### DONOR RECOGNITION

I/We would like to be recognized in the HNMCS Annual Donor Report as: \_\_\_\_\_

I/We would like to dedicate in honour/in memory (circle) of: \_\_\_\_\_

I/We do not wish to be acknowledged in the HNMCS Annual Donor Report.

Donor signature: \_\_\_\_\_ Date: \_\_\_\_\_

### THANK YOU FOR YOUR SUPPORT

**Please contact:**

Maya Corbic at 905 891 1890 Ext 114 or mcorbic@hnmcs.ca

**Please detach and return completed form to:**

HNMCS, 2241 Mississauga Road,

Mississauga, ON, L5H 2K8

C/O Maya Corbic

**HNMCS Charitable Registration No. 83524 5614 RR001**