

DONATION FORM

I, _____ would like to make my gift
payment by:

- cheque: (please make cheques payable to *Strathcona-Tweedsmuir School Foundation*)
 credit card (circle one): Visa / Mastercard / American Express

Name on card: _____

Card number: _____

Expiry date (mm/yy): _____ / _____

Donor Information:

Street address _____

City: _____ Province: _____

Postal Code: _____

Email: _____

Phone: _____

Planned giving?

- Yes, I have included STS in my will.
 I would like information on
planned giving.

Questions? Contact the Advancement Department, at 403-938-8318.

Strathcona-Tweedsmuir School and the Strathcona-Tweedsmuir School Foundation are charitable organizations. A tax-receipt will be issued for all eligible donations. Strathcona-Tweedsmuir School Registered Charitable Number: 10804 0627 RR 0001. Strathcona-Tweedsmuir School Foundation Registered Charitable Number: 861546927 RR 0001.

Gift amount:

I would like to give a donation of:

\$5,000 \$2,500 \$1,000 \$500 \$250 Other _____

- I am interested in making a recurring gift.
Please phone me to discuss.

I would like my gift to go towards:

- Head's Initiatives
 Kindergarten - Grade 2 Playground
 Scholarships and Bursaries
 Teaching Excellence

Undesignated gifts will be directed towards Head's Initiatives.

Donor acknowledgement:

Please acknowledge my gift as a donation
from: _____ e.g The "Smith" Family or "John
and Jane Smith"

- I would prefer to give anonymously