

MATTHEWS HALL
ADVANCEMENT CENTRE
1370 OXFORD STREET WEST
LONDON, ONTARIO N6H 1W2



Matthews Hall Annual Giving Appeal DONATION FORM

Charitable Reg. No. 1548954 4564 132123

PERSONAL INFORMATION

1 For tax receipts, name and address should be: *(please print)*

Name: _____
(FIRST) (LAST)

Address: _____
(STREET) (CITY) (PROVINCE) (POSTAL CODE)

2 Total Donation:

I am pleased to support the Matthews Hall, *Annual Giving Appeal* in the following giving circle:

- Leadership Circle – \$5,000 plus \$ _____ Friendship Circle – \$1,000 - \$2,499 \$ _____
 Head's Circle – \$2,500 - \$4,999 \$ _____ Supporter Circle – up to \$999 \$ _____

3 Designation:

I wish to designate my donation to the:

- Head's Initiatives Kate Matthews Endowment/Scholarship Fund
 Matthews Hall Wish List *Theatre Seating – Quantity: _____ Stacking Auditorium Seating – Quantity: _____*

4 Monthly Giving Program:

I would like to give a total of \$ _____, in monthly installments of \$ _____ each, beginning in the month of _____ and ending in the month of _____, 2011.

5 Payment Method:

- Donations can be made online at www.canadahelps.org (*tax receipts are issued immediately by CanadaHelps*)
 Cheque(s) payable to the "Matthews Hall, *Annual Giving Appeal*"

VISA (*specify date of month*) _____  (*specify date of month*) _____
Credit Card #: _____ Expiry Date: _____ / _____

Name on card: (*please print*) _____

Signature: _____ Please post my payments on: _____ / _____ / _____
MM DD YY

I/We agree Matthews Hall may process charges to my/our account for the purpose of gifts/donations and will make payments as per the schedule indicated above.

- Pre-authorized debit (*please contact the Advancement Centre*)

6 Recognition:

- For the purpose of recognition, I/We would like the name(s) to appear as follows (*please print clearly*):

OR: I wish to remain anonymous

Signature: _____ Date: _____

All donations over \$20 are tax deductible and will be receipted accordingly.

Inquiries:
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