

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)*

First Name: _____ Telephone: *Home:* _____

Last Name: _____ *Work:* _____ *Mobile:* _____

Address: _____ Email: _____

City: _____ Province: _____ Postal Code: _____

2 Total Donation:

I am pleased to support the Matthews Hall, *Annual Giving Appeal* in the following 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 *Item(s):* _____ *Quantity/Number:* _____

4 Payment Method:

Donations can be made online at www.canadahelps.org (*tax receipts are issued immediately by CanadaHelps*)

VISA (*specify date of month*) _____  (*specify date of month*) _____

Credit Card #: _____ Expiry Date: _____ / _____

Name on card: (*please print*) _____

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

One Time Gift: \$ _____ Monthly: \$ _____

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.

Cheque(s) payable to the "Matthews Hall, *Annual Giving Appeal*"

5 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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