



ANNUAL GIVING 2009/2010

Donor Information

Name _____			Home Phone _____
Address _____			Alternate Phone _____
City _____	Province _____	Postal Code _____	Preferred Email _____

Payment Options *Cheque* *Credit Card* *Pre-Authorised Debit* (See Below)

Card Number _____	Type Credit Card (Visa, Mastercard.) _____
Name on Card _____	Expiry Date _____
<i>I/We wish to remain anonymous:</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
Signature (For credit card payment.) _____	

I/We wish to support Mulgrave with a gift in the amount of:

- \$ _____ **one time payment:**
I have enclosed a cheque/given my credit card details left.
- \$ _____ **per month for _____ months:**
I have completed the pre-authorized debit form below.
- A gift of bond interest — payment due 1st April 2010:**
Please send me a waiver form.
- A gift of bond interest in perpetuity:**
Please send me a waiver form.

I/We wish to designate our gift to the following area:

- Early Learning Centre** **Junior School**
- Middle School** **Senior School**
- Fund for Excellence (Headmaster's discretionary Fund)**

Pre-authorization for monthly debits for the purpose of making a contribution to the Annual Giving Programme 2009-2010

I understand that I may dispute a pre-authorized debit only under conditions under which the pre-authorized debit was not drawn in accordance with this Authorisation; or this Authorisation was properly revoked. Any such dispute shall be made in writing to my financial institution not more than 90 calendar days after the date on which the pre-authorized debit in dispute was posted to my account. I understand that this Authorisation applies only to the method of contribution to the Annual Giving Campaign and revocation of this authorisation does not terminate any other contract that exists between the School and myself.

All persons whose signatures are required to authorise withdrawals from my account have signed this authorisation below.

Please deduct \$ _____ from the credit card number above on the first day of every month for _____ months, commencing _____ 2009. *I have completed the credit card information above and will notify Mulgrave School of any changes to this information by the 15th of each month.*

Signature (For pre-authorized debit.) _____

Please deduct \$ _____ from the account number below on the first day of every month for _____ months, commencing _____ 2009. *I have attached a specimen cheque marked 'VOID' to this authorisation and will notify Mulgrave School of any changes to this information by the 15th of each month.*

Signature (For pre-authorized debit.) _____

Name of Financial Institution _____			Account Number _____
Financial Institution Address _____			Date _____
City _____	Province _____	Postal Code _____	

Give online at www.mulgrave.com/online-giving.asp

*Donations are tax deductible.
Please make cheques payable to Mulgrave School Annual Giving Programme.*

If you have any queries, please contact Claire Lynch, Advancement Officer at: 604.913.6045 or e-mail: clynch@mulgrave.com