



My/our gift of \$35 \$50 \$100 other _____
is to be paid:

- one time monthly quarterly yearly
- Greatest Need
 - Make Change for Children (Student Financial Need)
 - Student Emergency Medical Needs
 - Student Bursaries & Awards
 - In Honour or Memory of (see below)
 - I am interested to learn about giving through an insurance policy or my will

Donor Name(s) _____

Please write how you would like to be listed for recognition.

I/we wish to remain anonymous for this gift

Address _____

City _____ Prov _____

Postal Code _____ Phone _____

Email _____

- Please email my tax receipt
- Yes! Sign me up for e-news

I/we make this gift in the form of:

- cash cheque credit card
- VISA MasterCard AMEX Expiry Date _____

Card # _____

Authorized Signature _____

Gift made in honour of in memory of

Education Foundation of Niagara
191 Carlton Street, St. Catharines, ON L2R 7P4
www.efnniagara.ca

Charitable Registration No. 119057586RR0001

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