

I would like to make a...

- Foundation Donation**
 - Prom Project Donation**
 - Honorable Donation** *In Honour of:* _____
 - In Lieu Donation** *In Lieu of:* _____
 - Memorial Donation** *In Memory of:* _____
-

___ \$100 ___ \$50 ___ \$30 ___ \$20 Other \$ _____
 Cheque (*Please make cheque payable to HWDSB Foundation*)

Credit Card: Visa Mastercard

Card #: _____

Name on Card: _____ Expiration Date: _____

Donor Information:

Name: _____

Address: _____ City: _____

Province: _____ Postal Code: _____ Phone: _____

Email Address: _____

You can also go online and make an online donation: www.hwdsbfoundation.ca

Donations over \$20 will receive a charitable tax receipt when full legal address is provided.

HWDSB

20 EDUCATION COURT
HAMILTON, ON L9A 0B9
TEL: 905.527.5092
