

# Hamilton Foundation for Student Success

## Gift Information

**Donation Amount\***

\$

**Donation Frequency\***

One Time ▼

## Contact Information

**Title**

choose title ▼

**First Name\***

**Middle Name**

**Last Name\***

**Suffix**

**Country\***

Canada ▼

**Address Lines\***

**City\***

**State/Province\***

(None Selected) ▼

**Postal Code\***

**Email\***

**Confirm Email\***

**Phone\***

## Payment Information

**Amount\***

\$ 0.00

**Payment Type**

Credit/Debit Card

We only accept credit/debit card payments. After you complete this form, select **Submit** to enter your card details into our secure transaction processor. Your submission will be processed when you finalize your secure payment information.

**Additional Comments**

Rousseau School - SC Grooveathon  
Student Name: \_\_\_\_\_ Class: \_\_\_\_\_

Submit

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