



Donation Form

I/we are please to support *the Northstar Cultural Community Centre*:

Name(s): _____
PLEASE PRINT

Address: _____

Phone: _____

City: _____

E-mail: _____

Province: _____ Postal Code: _____

Place of Work (OPTIONAL): _____

Does your company offer Match my Gifts?

Yes No

Please designate my/our gift(s):

- Where the Need is Greatest (\$ _____)
- Educational Programs (any and all ages) (\$ _____)
- Children's and Youth Programs (\$ _____)
- Senior's Programs (\$ _____)
- McDougall Street Reunion (\$ _____)
- Building Trust Fund (\$ _____)
- Other Special Events: _____ (\$ _____)
- Other, Please Specify: _____ (\$ _____)

My/Our Payment Schedule

- A single payment gift of: \$ _____
- A total pledged commitment of \$ _____ in payments of:
\$ _____ annually for: 1 year 2 years 3 years 4 years 5 years
Beginning date for the pledge payments: _____ / _____ / _____ (Month/Day/Year)
- Please contact me to discuss the details of my donation: _____

My/Our Payment Method

Cheque enclosed: \$ _____

Please make cheque payable to the Northstar Cultural Community Centre.

Direct Debit from my/our bank account: 15th of the month 28th of the month

Please attach a void cheque.

Credit Card: Visa Master Card

Credit Card number: _____

Expiry date: _____ / _____ Signature: _____

Processed on the: 15th of the month 28th of the month

Designation and Recognition (indicate as many as are appropriate)

My/our name as it should appear on donor listings: _____

My/our giving is in Memory of _____

My/our giving is in Honour of _____ Occasion: _____

Do you want a letter of recognition sent on your behalf: Yes No

If yes, to whom: _____

Mailing Address: _____

I/we intend to make an estate or planned gift to the Northstar Cultural Community Centre.

I/we have finalized the paperwork and a copy is attached for your files.

Please send us additional information to share with our lawyer, insurance representative and/or other.

I/we would like you to call us so that we can discuss the opportunities for making a planned gift.

I/we wish our giving to remain anonymous.

Donor Signature(s): _____

Date _____



◆ **Mailing Address**
◆ 255 A Erie Street
◆ Windsor, ON N9A 3X2

Phone
(519) 252-7143

◆ **Business Hours**
◆ Tuesday through Thursday
◆ 10:00 am - 2:00 pm (or by appointment)

Office Email
info@northstarcentre.org

WWW.NORTHSTARCENTRE.ORG