



Please return completed form to:

Canada's National Ballet School, Fund Development Department  
400 Jarvis Street, Toronto, Ontario, M4Y 2G6

Phone: 416-964-3780 Fax: 416-964-5145 Email: donorrelations@nbs-enb.ca

**YES! I want to help shape the future of NBS and ensure sustainability of this world class institution with a gift of:**

- \$10/month   
  \$25/month   
  \$50/month   
  \$100/month   
  \$ \_\_\_\_\_/month  
 \$25   
  \$50   
  \$75   
  \$100   
  \$200   
  Other \$ \_\_\_\_\_

First Name		Last Name	
Home Address			
City	Province	Postal Code	
Home Phone	Business Phone	Email	
For the purpose of donor listings, I/we prefer to be recognized as: _____			
<input type="checkbox"/> I prefer to remain Anonymous			
I consent to receiving: <input type="checkbox"/> NBS donor communications <input type="checkbox"/> NBS marketing communications <input type="checkbox"/> I prefer not to receive future solicitations from NBS			

**Please make my gift a Tribute**

- In Honour     In Memory

Name of Person(s) In Honour or In Memory		
Please Send Gift Card To: First Name		Last Name
Home Address		
City	Province	Postal Code
Message:		

**Payment Options**

- Cash   
  Credit Card   
  Cheque (payable to Canada's National Ballet School)   
  Transfer of Shares (NBS will forward relevant forms)

<b>Payment Frequency</b> <input type="checkbox"/> One Time            Monthly, on the <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 15 <sup>th</sup>	<b>Monthly Giving ONLY – First Payment Date</b> _____ Month / Year	<b>Monthly Giving ONLY – Last Payment Date</b> <small>(do not enter date if gift is to be recurring)</small> _____ Day / Month / Year
<b>Credit Card Information (if applicable)</b> <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express	<b>Credit Card Number</b> _____	
<b>Name of Cardholder</b>	<b>Expiry Date on Card</b> _____ Month / Year	
<b>Signature</b> _____		

**For internal use only:**

Received by (Print Name)	ID	Fund
Date information taken (day/month/year)	Soft Credit ID	Appeal
Solicitor	A F E SP ME	Package
Notes		