



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			

**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)

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

**For internal use only:**

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