



Please return completed form to:

Canada's National Ballet School | 400 Jarvis Street,
Toronto, ON M4Y 2G6, Canada

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

YES! I want to open doors for more people to experience the life changing benefits of dance.

- \$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		Postal Code
Message:		

Payment Options

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

Payment Frequency	Monthly Giving ONLY – First Payment Date
<input type="checkbox"/> One Time Monthly, on the <input type="checkbox"/> 1 st <input type="checkbox"/> 15 th	Month / Year
Credit Card Information (if applicable)	Credit Card Number
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard	
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
Solicitor	A F E SP ME	Package
Notes		