



Please return completed form to:

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

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	Province	Postal Code
Message:		

Payment Options

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

Payment Frequency <input type="checkbox"/> One Time <input type="checkbox"/> Monthly, on the <input type="checkbox"/> 1 st <input type="checkbox"/> 15 th	Monthly Giving ONLY – First Payment Date 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
Solicitor	A F E SP ME	Package
Notes		