

DONATION ■ PLEDGE

Mr. Mrs.

Name _____ First name _____

Address _____

City _____ Province _____ Postal code _____

Tel. _____ Cell. _____ E-mail _____

Donation

Amount \$ _____

Monthly pledge

Amount \$ _____ per month ■ During a period of _____ month

Beginning on _____ Total \$ _____

Annual pledge / Other option

Amount \$ _____ per year ■ Other option _____

Over a period of _____ months ■ Beginning on _____

Total \$ _____

Thank you for reminding me

Annual

Other _____

Payment by

Cheque payable to the Peter Hall School Foundation

Postdated cheque(s) payable to the Peter Hall School Foundation _____

Please debit my credit card

VISA

MASTERCARD

Expiration date _____

Card number _____

Signature _____

Anonymous or public donation

I prefer to remain anonymous

Would like my donation to be acknowledged as follows (print)

An income tax receipt will be sent out once a year for the previous year and will be mailed before the end of February.
Charitable organization registration number 89261 0312 RR0001

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