



DONATION FORM - Thank you for your support!

NAME: _____ **DATE:** _____

NAME(s) to appear on recognition materials: _____

Tax Receipt NAME: (if different than above) _____

ADDRESS: _____

CITY/PROVINCE: _____ **POSTAL CODE:** _____

E-MAIL ADDRESS: _____

(Tax receipts are e-mailed unless otherwise specified)

PHONE #: _____ **CELL #:** _____

SHUMKA RELATIONSHIP: (circle all that apply)

- Alumni Board Member Senior or Silver Swan SSD Parent Active Dancer
- Studia Parent Parent of an active dancer/alumni SSD Instructor
- Other _____

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ONE-TIME DONATION \$ _____ **.00 Project:** _____

ANNUAL PLEDGE – I would like to make an annual donation of \$ _____ each year beginning _____, 20_____. For a total of \$ _____ .00

MONTHLY PLEDGE – I would like to do a monthly donation of \$ _____ each month beginning _____, 20____.

Signature (for pledges)

DONATION by:

- Cheque Credit Card In-Kind
- Debit Cash

Office only:
 Posted
 Trans #
 ID #