



# Thank you for your support!

## I WISH TO SUPPORT

- Head of College Fund (Area of Greatest Need)     The David Tutty Joy and Innovation Fund     Capital Campaign     Bursaries & Scholarships     Other \_\_\_\_\_

## GIFT AMOUNT

I wish to make a **ONE-TIME** gift of:

- \$1,000     \$500     \$250     Other \$ \_\_\_\_\_

I wish to make a **MONTHLY** gift of:

- \$100/month     \$50/month     \$25/month     Other \$ \_\_\_\_\_ /month

Please start my monthly gift on (month/year): \_\_\_\_\_

## PAYMENT OPTIONS

(select one)

- I have enclosed a cheque payable to **Hillfield Strathallan College**  
 **HSC Account** (Current HSC Parents Only). Name of **Eldest Child** at HSC: \_\_\_\_\_  
 Please charge my **Credit Card**:  
 **Visa**     **MasterCard**

*Monthly contributions: Please note that these will be charged on the 1<sup>st</sup> of each month.*

Card Number: \_\_\_\_\_ Security Code: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

## PERSONAL INFORMATION

Dr.    Mr.    Mrs.    Miss    Ms.    Other: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

This gift is  in Honour of /  in Memory of: \_\_\_\_\_

Please print out this form and fill in by hand. Mail or fax the completed form, with your donation, to:  
**Hillfield Strathallan College | 299 Fennell Avenue West | Hamilton, ON Canada L9C 1G3**  
Telephone 905-389-1367 | Fax 905-389-6366 | [www.hsc.on.ca](http://www.hsc.on.ca)