

## I would like to make a donation to Brock University:

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Address line 1: \_\_\_\_\_

Address line 2: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Gift amount

I would like to make a one-time gift of:  \$ \_\_\_\_\_

I would like to be a monthly donor Brock University with a gift of:  \$ \_\_\_\_\_ / month

### Gift designation

- The Brock Fund    The Student Wellness Fund    The Brock Research Fund  
 The Teaching and Learning Fund    The Student Emergency Fund    Athletic Scholarships  
 Other: \_\_\_\_\_

Please publish my name on donor recognition pieces as: \_\_\_\_\_

- I wish to remain anonymous.  
 I have left a gift for Brock University in my will and would like to be a part of the Major-General's Legacy Circle.  
 Please send me a will kit for more information on planned giving.

### Tax receipts

An official charitable receipt will be issued for income tax purposes for gifts over \$20.  
(Charitable business number: 11881 9531 RR 0001)

## Payment information

### Credit card

The security of your financial information is important to us. Upon submission of this form, a member of Brock University's Department of Development and Alumni Relations will contact you by phone to collect your credit card information.

### Cheque

Please enclose a cheque payable to Brock University. Please enclose a void cheque to process pre-authorized monthly gifts.

## To make a donation online, visit [brocku.ca/donate](https://brocku.ca/donate)

### Brock University

Development and Alumni Relations | Thistle 265E | 1812 Sir Isaac Brock Way | St. Catharines, ON L2S 3A1  
[stewardship@brocku.ca](mailto:stewardship@brocku.ca) | (905) 688-5550 x4190 | [brocku.ca/donate](https://brocku.ca/donate)

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