

I would like to make a donation to The Friends of Brock University Inc.:

First name: _____ Last name: _____

Address line 1: _____

Address line 2: _____

City: _____ State: _____ Zip code: _____

Phone: _____ Email: _____

Gift amount

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

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

Gift designation

The Brock Student Support Fund The Brock Student Wellness and Support Fund The Brock Research Fund

The Brock Teaching & Learning Fund The Brock Scholarships and Award Funds

Other Brock Designations: _____

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.

(U.S. tax identification number 98-0135070)

Payment information

Cheque

Please enclose a cheque payable to The Friends of Brock University Inc.

Mailing

The Friends of Brock University Inc. | PO Box 602 | Lewiston NY 14092-9998 | USA

donations@brocku.ca | (905) 688-5550 x4190

Collection Notice:

Brock University protects your privacy and your personal information. The personal information collected on this form is collected under the authority of The Brock University Act, 1964, and in accordance with the Freedom of Information and Protection of Privacy Act (FIPPA) for the purposes of fundraising procedures and public recognition. Please direct any questions or requests to cease the use of information to Development and Alumni Relations at donations@brocku.ca