

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 with a gift of: \$ _____ / month

Gift designation

The Brock Fund The Brock Student Wellness & Support Fund The Brock Research Fund

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

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.

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 & Donor 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.

Brock University

Development & Donor Relations | Thistle 265E | 1812 Sir Isaac Brock Way | St. Catharines, ON L2S 3A1
stewardship@brocku.ca | (905) 688-5550 x4190 | brocku.ca/donate

Collection Notice:

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