

YES, I wish to support Nanaimo-Ladysmith Schools Foundation

Title Dr. Mr. Mrs. Ms. Miss

First Name _____ Initial _____ Last Name _____

Company Name _____ School District 68 staff

Address _____ City _____

Province _____ Postal Code _____ Country _____

Phone _____ Fax _____ E-mail _____

Direct my gift to

Student Support Scholarship/Bursary Food Programs Endowment Unrestricted

Charitable gift

Option A Single gift \$ _____ Cheque Cash

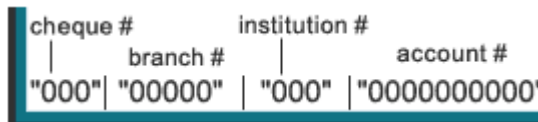
Option B Monthly Giving Plan through Direct Bank Withdrawal
(Gifts will be withdrawn on the 15th of each month.)

Monthly amount \$ _____

Name of Bank _____ Institution Number _____

Branch Number _____ Account Number _____

Use these numbers from the bottom of your cheque:



Legacy gift

- I have made a bequest to Nanaimo-Ladysmith Schools Foundation in my Will
- I am considering making a gift and would like information on
 - Correct wording for a gift from my estate
 - Creating an endowment fund
 - Donating an insurance policy / other

Receipts

Official tax receipt will be provided for gifts of \$20 or more.
One annual receipt will be provided for multiple-pledge installments.

Donor / Sponsor signature _____ Date _____

Crystal Dennison, Executive Director
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