

# PLEDGE FORM



The Building Futures Campaign is raising \$16.5 million to help fund Niagara College's \$90 million Master Plan, which is transforming the Welland Campus and enhancing the Niagara-on-the-Lake Campus. The campaign is also securing donations for equipment and learning resources, applied research, and scholarships and bursaries.

**Yes, I want to support the Building Futures Campaign!**

## CONTACT INFORMATION

Name		
Company (if applicable)		
Address		
City	Province	Postal Code
Phone #	Email Address	

## I WOULD LIKE MY DONATION TO SUPPORT:

<input type="checkbox"/> Area of greatest need	<input type="checkbox"/> Scholarships and Bursaries	My donation is: <input type="checkbox"/> In Memory of _____ <input type="checkbox"/> In Honour of _____ <input type="checkbox"/> In Celebration of _____ (Occasion) _____
<input type="checkbox"/> Welland Campus Transformation	<input type="checkbox"/> Applied Research	
<input type="checkbox"/> NOTL Campus Enhancement	<input type="checkbox"/> Other _____	
<input type="checkbox"/> Equipment & Resources for Learning	_____	

The donation is made on behalf of  individual  business

How would you like to be acknowledged? \_\_\_\_\_  
(ie: Mr & Mrs Smith, Smith Family, John and Mary Smith)

I do not wish to have my name published as a donor.

I am pleased to support the Building Futures Campaign by pledging a gift of \$\_\_\_\_\_ per year for the next \_\_\_\_\_ years for a total commitment of \$\_\_\_\_\_.

I will provide a cheque for \$\_\_\_\_\_ payable to the Niagara College Foundation  one-time gift  semi-annually or  annually.

Please charge \$\_\_\_\_\_ to my  Visa  MasterCard  American Express

monthly (Your account will be debited on the 10<sup>th</sup> of each month)  quarterly  semi-annually or  annually.

Card # \_\_\_\_\_ Exp. Date \_\_\_\_ / \_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I would like to pay by Preauthorized Automatic Debit (PAD) Please charge \$\_\_\_\_\_ to my account. (Please attach a VOID cheque)

monthly (Your account will be debited on the 10<sup>th</sup> of each month)  quarterly  semi-annually or  annually.

You the Payor may revoke your authorization at any time, subject to providing notice of 5 business days. To obtain a sample cancellation form, or for more information on your rights to cancel a PAD Agreement, contact your financial institution, or visit [www.cdnpay.ca](http://www.cdnpay.ca). You have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD agreement. To obtain more information on your recourse right, contact your financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I would like information about making a gift through a transfer of appreciated securities, which will eliminate the capital gains.

I would like information about making a legacy gift through life insurance or my will.

**Thank you for your generous support.**

## SOMEONE IN MY FAMILY IS A NIAGARA COLLEGE GRADUATE.

<input type="checkbox"/> Myself	Name when enrolled _____	Year _____	Program _____
<input type="checkbox"/> Spouse	Name when enrolled _____	Year _____	Program _____
<input type="checkbox"/> Other	Name when enrolled _____	Year _____	Program _____

## PLEASE RETURN YOUR COMPLETED PLEDGE FORM TO:

**Niagara College Foundation and Alumni Relations**

Maid of the Mist Campus, 5881 Dunn St., Niagara Falls ON L2G 2N9

Tel. 905-735-2211, Ext. 7775, Fax 905-988-4323

Email [buildingfutures@niagaracollege.ca](mailto:buildingfutures@niagaracollege.ca) Website [www.buildingfuturescampaign.ca](http://www.buildingfuturescampaign.ca)

