

GIFT CONFIRMATION FORM**DONOR INFORMATION** (Please print)What is your affiliation to Humber? Alumni Parent Student Faculty/Staff Friend Client Employer

(Dr./Mr./Mrs./Ms.)	First Name	Last Name		
Home Address	City	Province	Postal Code	Home Telephone
Business Extension	E-mail:			

CONFIRMATION OF GIFT

I would like to make a monthly donation in the amount of (check one below)

 I wish to remain anonymous

- \$10/month
- \$20/month
- \$50/month
- \$100/month
- Other \$ ____/month

OR

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

Yes, I want the impact of MY GIFT to be DOUBLED through the Ontario Trust for Student Support matching program by supporting an endowed student scholarship: **The Kevin M. Allen Scholarship for Excellence in Fundraising**My company has a **Matching Gift Program** _____
Company Name**PAYMENT INFORMATION***Please choose a payment method*

- Cheque payable to Humber College ITAL
 - Credit card VISA MasterCard
- Card Number: _____ Expiry Date: _____
MM/YY

Signature _____ Date _____

*A tax receipt will be issued for all gifts of \$25.00 and over***LEGACY GIVING INTENTIONS** I would like to learn more about the bequest program and other giving opportunities.

Please mail this form along with your donation to: Development Office, Room H217
Humber Institute of Technology & Advanced Learning
205 Humber College Boulevard Toronto, ON M9W 5L7
Tel. 416.675.6622 ext 5480
Charitable Registration Number: 119238004 RR0001

Thank you for supporting Humber students!