

**St. Lawrence College**

**Name:** \_\_\_\_\_ **Organization:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Province:** \_\_\_\_\_ **P.C.:** \_\_\_\_\_  
**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

- I consent to receive emails from St. Lawrence College regarding my donation
- Please indicate if you or members of your family are a St. Lawrence Alumni

**A: I WOULD LIKE TO SHOW MY SUPPORT BY:**

- Highest priority needs of the College
- Supporting bursaries for SLC students
  - Kingston  Brockville  Cornwall  College-wide
- Supporting a specific initiative / project \_\_\_\_\_
- My employer will match this gift. Employer name: \_\_\_\_\_
- My gift is in memory of/ tribute to: \_\_\_\_\_
- Other \_\_\_\_\_

**B: MAKING MY GIFT IS EASY:**

**MONTHLY PLEDGE:** I prefer to make my gift in monthly payments by

- Credit Card (information below)  Post-dated cheques (payable to St. Lawrence College)
- Monthly gifts of \$ \_\_\_\_\_ Start Date (month/year) \_\_\_\_\_ End Date (month/year) \_\_\_\_\_

**ANNUAL GIFT:** I prefer to make a single gift of: \$ \_\_\_\_\_ by:

- Credit Card (information below)  Cheque (payable to St. Lawrence College is enclosed)

**CREDIT CARD INFORMATION**

- Visa  Amex  MasterCard

Name on card: \_\_\_\_\_ Card No: \_\_\_\_\_ Expiry date: \_\_\_\_\_

**C. OTHER:**

- Please have someone from the College's Foundation Office contact me regarding my estate planning
- I have made a provision for St. Lawrence College in my will.
- I wish to have my contribution remain anonymous.

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

Please return to: St. Lawrence College, Alumni & Development  
Room 02000, 100 Portsmouth Avenue, Kingston, ON K7L 5A6

Charitable Tax Receipts will be issued by the College

Charitable Registration #10802 7202 RR 0001

THANK YOU FOR YOUR SUPPORT!

Go to [www.givetoslc.com](http://www.givetoslc.com) to make your gift online

**Privacy Statement**

NOTICE: In accordance with Section 39(2) of the Freedom of Information and Protection of Privacy Act, the personal information on this form is collected under the authority of the Ministry of Colleges and Universities Act, RSO 1990, Regulation 770. The information is used for administrative and statistical purposes, for the notification and offering of benefits, programs and services for Alumni, and fundraising undertaken by the St. Lawrence College Foundation. It is used by St. Lawrence College, the Alumni Department and its partners, the St. Lawrence College Foundation, and/or the ministries and agencies of the Governments of Ontario and Canada. By submitting this form to St. Lawrence College, the user hereby authorizes the release of information herein or collected from a third party (such as a family member), to the aforementioned. Any questions concerning the collection and/or use of this information may be directed to the Colleges Alumni Office.