

Yes, I/we wish to support CNC!

First Name: _____ Last Name: _____

Business Name (if applicable): _____

Address: _____

Phone: _____ Email: _____

- I wish to remain anonymous
- Tax receipt required
- I give permission for my name to be printed in donor recognition publications

Please enter your name as you would like it to appear.

Please designate my gift to:

- Area of Greatest Need
- Student Awards (Scholarships and Bursaries)
- Indigenous Education Initiatives
- Specific Program: _____
- Classroom Equipment
- Student Life
- Learning Commons (Library)

Amount of Gift(s): \$ _____

- Cheque Enclosed
(gifts over \$20 qualify for a charitable tax receipt)

Please send me more information about:

- Establishing an Annual Award or Endowment
- Gift-in-Kind Donations
- Planned Giving
- Other _____

Thank you for your gift!