

ANNUAL FUND 2011-12 Athol Murray College of Notre Dame

Your gift makes a difference. Thank you for your continued support & God Bless from the Hounds!

YES, I want to give to Notre Dame's Annual Fund for 2011-12.

Please apply my gift to:

- President's Fund (area of greatest need)
 General Bursary Match Play, or Named Bursary:

 Other: _____

For a complete list of named bursaries and scholarships, please go to: <http://www.notredame.ca/development/funds.php>

Enclosed is my tax-deductible gift of:

- \$5000 \$1000 \$500 \$300 \$200 \$100 \$50
 other amount \$ _____

To be paid as follows:

- Single Payment
 Monthly \$ _____ for a total of \$ _____. Starts ____/____, 20____
 Quarterly \$ _____ for a total of \$ _____. Starts ____/____, 20____
 Cheque enclosed (payable to Athol Murray College of Notre Dame)
 Charge my Student Account (Current Parents Only)
 Please charge my: Visa MasterCard

Card Number _____ Exp ____/____

Card Holders Signature _____

Official Charitable Registration Number
106735962 RR0001

If you require a U.S. receipt for income tax purposes please forward your gift to:

The Friends of Athol Murray College of Notre Dame
c/o Harvard Investments,
Attn: Katherine Astrom
17700 North Pacesetter Way
Scottsdale, AZ 85255 USA

Attached is an envelope for Canadian donors.

YOU CAN GIVE A LITTLE MORE.

AN ONLINE DONATION REDUCES OUR ADMINISTRATION COSTS. TO DONATE ONLINE, PLEASE GO TO:
www.notredame.ca

Securities and Planned Giving

- I am interested in donating securities. Please contact me with more information.
 I have included Notre Dame in my estate planning.
 I would like more information on leaving a gift to Notre Dame in my will.

Matching Gifts

- Yes, my company/employer matches gifts.
Please enclose the appropriate form.
 I would like to know more about matching gifts.

CONTACT INFORMATION for your gift or to update our records.

I am: Alumni: Class of 19____ or 20____ Junior A ____ -- ____
 Current Parent Past Parent Grandparent of Alumni
 Friend Past Faculty/Staff Other _____

ANONYMITY REQUESTED

NO RECEIPT REQUIRED

Name/Org _____ Maiden Name _____

Address _____ City _____

Province _____ Postal Code _____ E-Mail _____

Tel: (_____) _____ (_____) _____ (_____) _____
Home or Cell Business Fax

