ANNUAL FUND
DE LA SALLE COLLEGE "OAKLANDS"

To Make A Donation Please Fill Out The Information Below And **(Choose One):**

- Mail to De La Salle College - Place into envelope along with cheque, money order, Visa, MC, or AMEX. **(School Address: 131 Farnham Avenue, Toronto ON M4V 1H7)**
- Drop off at De La Salle College Main Office
- Scan or Email to: businessoffice@delasalle.ca
- Donation in Person – Visit the Business Office at De La Salle College
- Donation by Phone – (416) 969-8771 Ext. 232 or Ext. 228
- Donation by Fax to (416) 969-9006
- On-line www.delasalleoaklands.org

Yes, I would like to support De La Salle College "Oaklands" by directing this gift to **(Choose 1, 2,or 3):**

☐ **1) Oakleaves Capital Campaign**

$500 - $1499 - Oakleaves Partners
$1500 - $2999 - Lasallian Heritage
$3000 - $4999 - Signum Fidei Society
$5000 - $7499 - President's Patrimony
$7500 - $9999 - De La Salle Benefactors
$10,000 and Over - Recognition on the Wall of Honour in Health & Wellness Facility

(Donations from $500 - $9999 Receive Name & Inscription on Tree of Life)
Please Verify Name & Inscription (Max 35 Characters)

_____
_____
_____

☐ **2) Scholarships & Bursaries**

☐ **3) Other _____ (Please Specify)**

Type of Payment **(Choose A or B)**

☐ **A) One Time Gift**
Amount of Donation $_____

☐ **B) Payment Instalments (Choose One)**

☐ **Annually** ☐ **Semi-Annually**
☐ **Quarterly** ☐ **Monthly**

With payment/instalments of $_____ to be fulfilled over _____ years. (Up to 3 years)

☐ ***Please keep my credit card details on file for any instalment payments***

Payment Options: *(please fill out all information below for donation tax receipt)*:

☐ **Cheque attached** ☐ **Visa** ☐ **MasterCard** ☐ **AMEX**

Cheque**:** Make cheque payable to De La Salle College "Oaklands" (Mail to 131 Farnham Avenue, Toronto ON M4V 1H7)

Cardholder's Name: _____

Card Number:_____

Expiry: mm/yy _____ **Signature:**_____

Address:_____

City:_____ **Postal Code:**_____

Telephone:_____**Email:**_____