



Indigenous education, | L'éducation des autochtones.
Canada's future. | L'avenir du Canada.

Donation form

Please select a gift amount

Single Donation amount: \$ _____ or I choose to be a Monthly Donor at: \$ _____

Gifts will be charged to your credit card or deducted from your bank account on the 1st or 15th of each month.

Payments will continue automatically each month until you notify Indspire of any change. You can change or cancel your monthly donation to Indspire with 30 days' notice.

Please select a payment option

Cheque (Please enclose a VOID cheque for Pre-authorized Debit) or VISA MasterCard American Express

Cardholders/bank account holders Name _____

Card number _____ Expiry date _____ / _____

Signature _____ today's date _____

This donation is made on behalf of:

an Individual a Business

Your contact information (required for tax receipt purposes)

Mr. Mrs. Ms. Miss Other _____

First Name: _____ Last Name: _____

Mailing Address _____

City _____ Province _____ Postal Code: _____

Email _____

Home Phone (____) _____ - _____ Work Phone (____) _____ - _____

Mobile Phone (____) _____ - _____

Please list my name in recognition materials as _____

Please list my name in recognition materials as 'Anonymous'

Other ways to help:

- I have named Indspire as a beneficiary in my will.
- Please send me information on leaving Indspire a gift in my will.

I have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with the PAD agreement.

You will be mailed an annual tax receipt for all gifts each February.

Please return completed form to:

Indspire
555 Richmond Street West, Suite 601
Toronto, Ontario
M5V 3B1

Or you can submit by

Phone (416) 987-0241 or (416) 987-0250

Fax (416) 977-1764

Email donate@indspire.ca

Charitable registration number BBN 118834696RR0001