

Trinity College Gift Form

MY INFORMATION

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Email: _____

GIFT INFORMATION

Enclosed is my **ONE-TIME** gift of: \$2,500 \$1,000 \$500 \$150 \$ _____

By cheque (payable to Trinity College) Please charge my credit card

OR

I would like to make a **MONTHLY** gift of: \$84 \$40 \$15 \$ _____

(Monthly donations are processed on the 15th of each month and will continue until Trinity is notified)

I've enclosed a blank cheque marked VOID. I authorize Trinity College to deduct the amount I have specified from the account number on the cheque each month.

Please charge my credit card

I would like to support:

\$ _____ to the Trinity Fund \$ _____ to _____

PAYMENT INFORMATION

Please charge my credit card Visa MasterCard Amex

Card Number

Expiry Date

Name on Card

Signature

Trinity College respects your privacy. We do not rent, trade or sell our mailing lists. If you do not wish to receive Trinity Fund letters, please contact us at 416-946-7426 or email nazerit.hagos@utoronto.ca. Charitable registration number 11926 9751 RR0001