

## Young Artist Bursary Fund Donation Form

Please complete this section and the applicable donation option section(s) below.

Name: \_\_\_\_\_  
 First Name Last Name

Address: \_\_\_\_\_  
 Street Address City

Prov. Postal Code Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Do you consent to your donation being acknowledged publicly (e.g., website, program)?  
 Yes  No

Do you wish to receive email updates on the activities of Graham Academy and the Bursary Fund?  
 Yes  No

Payment Method:  Cash enclosed  Cheque enclosed  
 Credit card (Please provide information below; Please note credit card companies charge a fee which will reduce amount received by the Bursary Fund by approximately 3.5%)  
 e-Transfer to accounting@gmsm.ca (Please include Bursary Fund Donation in the message)

Type of Card:  Mastercard  Visa

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_  
 First Name Last Name

Card Number: \_\_\_\_\_ Expiry: \_\_\_\_/\_\_\_\_ CVV: \_\_\_\_\_  
 MM/YY

### Donation Option 1: ONE-TIME DONATION

Amount:  \$25  \$50  \$75  \$100  \$200 Other: \$ \_\_\_\_\_

### Donation Option 2: MONTHLY GIVING

Amount:  \$5 / mth  \$10 / mth  \$25 / mth  \$50 / mth Other: \$ \_\_\_\_\_ / mth

### Donation Option 3: GIFT PROGRAM

Amount:  \$25  \$50  \$75  \$100  \$200 Other: \$ \_\_\_\_\_

Recipient(s) of Gift: \_\_\_\_\_

Would you like for us to mail a card to notify the recipient(s) of your gift? Yes  No

If yes: \_\_\_\_\_

Street Address

City

Prov.

Postal Code

What should we include in the card message as the occasion for the gift?

Birthday  Wedding  Anniversary Other: \_\_\_\_\_

Would you like for the gift amount to be included in the card message? Yes  No

Is there anything else you would like us to include in the card message? \_\_\_\_\_

### Donation Option 4: NAMED BURSARIES

Amount:  \$250  \$500  \$750  \$1,000 Other: \$ \_\_\_\_\_

Do you wish to establish a one-time bursary or an annual bursary?  One-Time  Annual

What would you like to name your bursary? \_\_\_\_\_

You will be contacted to discuss additional information regarding establishing a named bursary.

### PLANNED GIVING or CORPORATE SPONSORSHIP AND EMPLOYEE ASSISTANCE PROGRAMS

Do you wish for us to contact you about either of these options? \_\_\_\_\_ Please leave your contact information above. Otherwise, please contact us directly at the contact information provided.



**No Child Left Behind...**



**PLEASE MAIL TO:**

Young Artist Bursary Fund  
 30 Elswick Rd.  
 Corner Brook, NL  
 A2H 2W6



Call Us:  
 709-638-1956



Email Us:  
 info@gmsm.ca  
 accounting@gmsm.ca  
 grahamacademyinfo@gmail.com

**Thank you for your generosity!**



**As a registered charity, GMSM issues official donation receipts for income tax purposes.**