

Mission Statement:

"To attract and manage permanent funds from donors of all means, and provide grants to charitable organizations in Brantford and Brant Count."

Please Make Charitable Receipt To:

Name: _____

Address: _____

Postal Code _____

Donations may be made by cash, cheque, Visa, or Master Card. For donation of stock, please contact the office for more information.

Amount of gift: \$ _____

Cash or Cheque

OR

Type of Credit Card: _____

Card Number: _____

Name of Card Holder _____

Expiry Date: _____ Signature: _____

Please direct my donation to:

☐ **Name of Fund:** _____

I hereby give this donation to the Brant Community Foundation under the specific direction that this gift or any property substituted therefore be held by the Brant Community Foundation in perpetuity. I understand that the principal amount of this gift will be held in perpetuity and investment earnings will be used for grants from the Endowed Fund in the Brant Community Foundation.

We respect your privacy. We ask your permission to acknowledge your donation in name only in our annual report and other publications or publicity about the Brant Community Foundation.

If you do NOT wish to be recognized, please check this box ☐

Date: _____ Signature: _____

20 Corporate Place, Unit B, Brantford ON, N3R 8A6

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