



ST. CLEMENT'S
SCHOOL

Annual Fund 2026-2027 Giving Form

NAME

ADDRESS

CITY

PROV

POSTAL CODE

PHONE

EMAIL

Annual Fund

Please direct my
gift to:

- | | | |
|--|---|--|
| ☐ Financial Assistance | ☐ 2027 Grad Class Gift | ☐ Student Life & Well-Being |
| ☐ Principal's Initiatives | ☐ Innovative & Exemplary Programming | ☐ Other: _____ |

I would like to
make a:

- | | |
|--|---|
| ☐ one-time donation of: _____ | ☐ monthly donation of: _____
starting (m/d/y) _____
ending (m/d/y) _____ |
|--|---|

Payment Options

I would like
to make
payments by:

- | | |
|--|---|
| ☐ CHEQUE
(payable to St. Clement's School) | ☐ Credit Card |
| | ☐ Visa ☐ MasterCard |
| ☐ STUDENT ACCOUNT BILLING | _____ |
| ☐ PRE-AUTHORIZED
WITHDRAWAL
(For monthly giving. Please
include a void cheque.) | CARD NUMBER
_____ |
| ☐ GIFT OF SECURITIES (Contact
Stefanie Galvanek to receive
broker details and the form) | NAME ON THE CARD
_____ |
| | EXPIRY DATE CVV
_____ |

Signature

SIGNATURE

DATE

- | | |
|---|--|
| ☐ I wish to remain anonymous | ☐ I would like to learn more about planned giving |
|---|--|

Thank you for your support!

The Annual Fund runs each fiscal year from August 1 to July 31. Tax receipts are issued for gifts over \$20.

Matching Gift:

Please inquire with your
employer about a Matching
Gift Program and double
your impact

Please return this form to:

SCS Advancement Office
Charity Registration Number:
10500 5805 RR0001

Questions?

Please contact Stefanie Galvanek
416 483 4414
stefanie.galvanek@scs.on.ca