ST. CLEMENT'S SCHOOL

Annual Fund 2025-2026
Giving Form

NAME

ADDRESS

CITY | PROV | POSTAL CODE | PHONE | EMAIL

Annual Fund

Please direct my gift to:

- ☐ Financial Assistance
- ☐ Principal's Initiatives
- ☐ 2026 Grad Class Gift
- ☐ Innovative & Exemplary Programming
- ☐ Student Life & Well-Being
- ☐ 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)
- ☐ STUDENT ACCOUNT BILLING
- ☐ PRE-AUTHORIZED WITHDRAWAL (For monthly giving. Please include a void cheque.)
- ☐ GIFT OF SECURITIES (Contact Stefanie Galvanek to receive broker details and the form)
- ☐ Credit Card
  - ☐ Visa
  - ☐ MasterCard

CARD NUMBER

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