



4500 Devon Tower
400 – 3rd Ave SW
Calgary, Alberta
Canada T2P 4H2

Telephone: 403-231-6545
Fax: 403-231-6549

www.empoweringminds.org

ANNUAL APPEAL

YES! I/We will support Empowering Minds and please accept this as our letter of intent. This is a philanthropic investment that we are sure will encourage and support the development of young leaders in our society.

DONOR INFORMATION FOR INCOME TAX RECEIPT

Name: _____

Name for Recognition: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone: _____ Email: _____

GIFT DESIGNATION

I/We would like to direct our gift to:

- Scholarships Outreach Where it is needed most Endowment

GIFT OPTIONS

I/We would like to make a one-time donation of \$ _____

I/We would like to make a monthly one-time donation of \$ _____

I/We would like to start our monthly payments on M/D/YY ending M/D/YY

I/We would like to make to make a pledge of \$ _____

I/We expect to make this gift over the period of years beginning M/D/YY

Please remind me/us _____ months in advance of my pledge payment date.

I/we plan to use installments:

- Annually Semi Annually Monthly Other

I/We will pay by Cheque or Please invoice

Cheques should be made to Empowering Minds

Credit Card are welcome, please indicate your preferred card, number, security code and expiry date

Card Expiry Date: M/D/YY Security Code Signature: _____

Signatures

Donor

Donor

Date