



SCHOLARSHIPS AND AWARDS INFORMATION- Annual Renewal

Donor:

Authorized Contact: *(If different from Donor)*

Name of Donor: _____
 Company: *(if applicable)* _____
 Address: _____

 Phone: _____
 Email: _____
 Fax: _____

Contact Name: _____
 Company: *(if applicable)* _____
 Address: _____

 Phone: _____
 Email: _____
 Fax: _____

ENTRANCE AWARD

UNDERGRADUATE AWARD

NAME OF AWARD _____

DATE ESTABLISHED _____

TERMS OF REFERENCE/CRITERIA: (some examples of criteria include: enrolled in a specific program, financial need, community involvement, # of recipients)

AMOUNT OF AWARD: \$ _____

Annual Contribution \$ _____

Or lump sum payment of _____ for _____ years (eg. \$1000.00 for 4 awards annually @ \$250.00 each)

Cheque or money order enclosed (please make payable to Confederation College Foundation)

Credit Card Payment Visa Mastercard

Card Number _____ Expiry date ____/____ Name _____

Confederation College Foundation Phone: (807) 475-6460 Fax: (807) 473-3738 Email: foundation@confederationc.on.ca

The personal information requested on this form is collected in accordance with the Freedom of Information and Protection of Privacy Act (FIPPA), R.S.O. 1990, c.F.31 as amended. The information that is being provided will be used to process donations, issue charitable tax receipts, recognize donors and contact you regarding renewal of your commitment. Should you have any questions concerning your personal information please contact the Privacy Officer at (807) 475-6267. Confederation College is committed to the protection of the personal privacy of all individuals.