



In Memoriam
(Downloadable Form)

Enclosed is my gift of \$ _____

In memory of _____

In support of Confederation College Foundation, please accept my gift:

My name* is: _____

Address: _____

City: _____ Prov: _____

Postal Code: _____

Phone: _____

Email: _____

My cheque for \$ _____ is enclosed.
(Payable to Confederation College Foundation)

Please charge \$ _____ to my credit card:
 Visa MasterCard

Card #: _____ Expiry Date: _____

Cardholder's Name: _____

Date: _____ **Signature:** _____

Please mail the completed *In Memoriam* to: **Confederation College Foundation**
P.O. Box 398
Thunder Bay, ON Canada P7C 4W1

or
Fax completed credit card *In Memoriam* to: (807) 622-4958.

For more information, please call: (807) 475-6460 or 888-845-7735,
or email foundation@confederationc.on.ca

*An official tax receipt will be issued.

Thank You for donating to Confederation College Foundation.