



Monthly Giving Donation Form

Name:

Address:

City: Postal Code:

Phone: E-Mail:

I would like to give a total of \$ in monthly installments of \$each, beginning in the month of, 201....

Payment Options:

Please bill my HSC Account (Current Parents only)

Cheque enclosed (Payable to Hillfield Strathallan College)

Please charge my: Visa MasterCard Card #

Expiry Date: Security Code:

Name on Card: Signature:

Please fill out the form and either mail or fax the form to the attention of the Advancement Office. All eligible donations will receive a tax receipt. Charitable Registration # BN 11895 7810 RR0001.

Thank you for your support of Hillfield Strathallan College!