### [x]  Yes, I will support / recommit to the TAC Foundation at the following level

|  |  |
| --- | --- |
|  | * Donation or bequest of $50,000 or more.
 |
|  | * Donation or bequest of $25,000 or more.
 |
|  | * Donation or bequest of $15,000 or more.
 |
|  | * Donation or bequest of $1,000 to $14,999.
 |
|  | * Complete TAC Foundation Contribution line below
 |

**Donors will be recognized at the annual TAC Conference & Exhibition, in the TAC Foundation *Year in Review*, on the TAC Foundation website and in other opportunities that may arise, unless the TAC Foundation is instructed otherwise by the donor.**

***Named Scholarship Options:***

* Donors may support a **Named University-Level Scholarship** for an individual, company, association or other group, with a commitment to support a $5000 scholarship + a $500 program support fee per year for either five or three years.
* Donors may support a **Named Community College/CEGEP-Level Scholarship** with a commitment to support a $2500 scholarship + $250 program support fee per year for either five or three years.

***Bequests:*** For more information, please review the Planned Giving page of our website or contact us.

### The full amount of the commitment over all its years is $ write donation / commitment amount here, to be paid $ XXXX per year for X years.

### The donation is to support:

***   ***

*Please provide any additional information about your donation tems here*

[ ]  Check this box for the donation to remain anonymous.

### Donor Contact Information

Contact Person: *contact name* Organization: *organization*

Street Address: *street address* City: *city* Province: *Province* Postal Code: *postal code*

Email: *email* Phone: *phone*

[ ]  I confirm that I have the authority to make this commitment to the TAC Foundation on behalf of my organization.

### Payment

[ ]  Cheque, payable to the TAC Foundation. You will be invoiced annually in February

[ ]  Credit Card

Visa / MasterCard Number: *write credit card number here* Expiry Date: *write credit expiry here*

Cardholder Name: *write cardholder name here* [ ]  the cardholder authorizes this charge

### Please return this completed form to foundation@tac-atc.ca