



Yes! I will support Brant Historical Society

Your History Matters		
☐ I would like more information, or to discuss my gift with you	Please accept my gift of: □\$500. □\$250. □\$100. □\$50. Other \$	_
☐ My lawyer, accountant, life insurance agent or financial planner will meet with you	Name	
☐ The Brant Historical Society is in my Will	Address	
☐ I would prefer my gift to be anonymous	City Postal Code	
Brant Historical Society	☐ I have enclosed my cheque payable to Brant Historical Society	
57 Charlotte Street	☐ I prefer to pay by credit card ☐ Visa ☐ Master Card	
Brantford, ON N3T 2W6 Charitable Reg. 118817113RR0001	Card Number// Expiry Date/	_
We do not share, rent, trade or sell any information collected. If at any time you wish to be removed from our mailing list, please contact us at 519-752-2483		_/
Fund Designation: Would you like to dea	dicate this donation to a specific fund?	
□ No. Use my	y donation in the area of Greatest Need.	
☐ To the Brant	t Historical Society Endowment Fund	
☐ In Memory of	of or In Honour of	
Acl	knowledgement Card to be sent to:	
	Family Name or Contact Name	
	Address/Apt.	
	City, Prov., Postal Code	
	his space to provide us with any additional information you feel would help us with your donation.	