



Help Our Students (HOST) Program Donor Form

Donor / Company name: _____

Donor address: _____

Contact person (if different from Donor): _____

Contact telephone: _____ Amount of donation: \$ _____

Contact email: _____

Note: Please make your cheque payable to HOST PROGRAM.

I wish to direct this donation as follows:

to be used for students from any participating school as most needed.

Or reserved for students of:

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Cairine Wilson SS | <input type="checkbox"/> Gloucester HS | <input type="checkbox"/> Rideau HS | <input type="checkbox"/> St. Patrick HS |
| <input type="checkbox"/> Canterbury HS | <input type="checkbox"/> Immaculata HS | <input type="checkbox"/> Ridgmont HS | <input type="checkbox"/> St. Peter HS |
| <input type="checkbox"/> Colonel By HS | <input type="checkbox"/> Lester B. Pearson HS | <input type="checkbox"/> Sir Wilfrid Laurier HS | <input type="checkbox"/> St. Pius X HS |
| <input type="checkbox"/> E.S. Garneau | <input type="checkbox"/> Mother Teresa HS | <input type="checkbox"/> St. Matthew HS | |
| <input type="checkbox"/> E.S. Gisèle-Lalonde | <input type="checkbox"/> Notre Dame HS | <input type="checkbox"/> St. Paul HS | |

I wish to make this donation:

in memory of: _____

in honour of: _____

Please send a donation card to:

the Donor address

Please send the completed Donor Form, along with your donation, to:

HOST Program
59 Callaway Court
Orleans, ON K1C7S4