

## **Gift Form**

## **1. Member Information**

Mr.	Mrs.	Ms.	Miss	Dr.	Other	
Name						Home phone
Address						Business phone
City			Pro	vince	Postal Code	Email / required for all ROM Patron communications /
Please o	contact th	e ROM G	overnors o	ffice at 4	16.586.5556 or <b>giving</b> (	@rom.on.ca should you have any questions.

2. Gift Level									
I would like to support ROM	at the following Patro	n level:							
Discovery Patrons Circle	/ \$1,000-1,999 \$ /								
Other amount \$		/ Royal Patrons	yal Patrons Circle membership starts at \$2,000, cards are transferrable						
3. Membership Card In	formation								
Cardholder 1:			Please recognize my gift in the Annual Report as:						
Cardholder 2:/ these cards are not transferable /									
Caregiver Card: / allows access for a designated gua	rdian for your children /		I wish my gift to remain anonymous.						
4. Additional Members	hip Information								
Please send my renewal notices by: Email Mail Please contact the ROM Governors office at <b>giving@rom.on.ca</b> should you have any questions.									
5. Gift Payment Inform	ation								
I wish to make my gift:	In Full	Monthly	Quarterly						
Enclosed is a cheque payable to ROM Foundation I wish to give a gift of securities / email to: <b>rpc@rom.on.ca</b>									
Please use the following card									
Visa Master	Card	AMEX	Visa Debit						
Card Number			Expiry Date						
Name on Card			Signature						
6. Legacy Information									
l have included, or	would consider incl	uding the ROM i	n my will. Please send me more information.						

Your privacy is very important to us. The ROM Governors is committed to protecting your privacy through adherence to privacy legislation. For more information on our commitment to privacy, please contact our Chief Privacy Officer at 416.586.5842. Credit card information kept on file for auto-renewal is securely encrypted.