Northern Ontario School of Medicine

2010 NOSM BURSARY FUND PLEDGE COMMITMENT

Attention: Northern Ontario School of Medicine Bursary Fund
955 Oliver Road
Thunder Bay, ON
P7B 5E1

I, _____**,** would like to present the intention to invest the sum of $_____ to the **Northern Ontario School of Medicine (NOSM) Bursary Fund.**

I would like to:

- ❑ Contribute to NOSM's *expendable* bursary fund.
- ❑ Contribute to NOSM's General Bursary *Endowed* Fund.

- ❑ Create an annually funded award (requires a minimum of $500 per year for 4 years).
- ❑ Create an endowed bursary (minimum of $10,000 investment payable over 5 years).

  - ❐ I would like to take advantage of the Ontario Trust for Student Support dollar per dollar match on my **endowed** gift, depending upon fund availability and receipt of payment.

❑Annual ❑Semi-Annual ❑Quarterly ❑Other

Details: _____

Method of Payment

❑ VISA ❑ Mastercard ❑ Cheque * ❑ Pre-Authorized Chequing **

Card # _____ **Expiry Date:** _____**Month/Year**

Signature: _____

*** Please make cheque payable to: *The Northern Ontario School of Medicine.***

**** Please enclose a void cheque.**

OTHER INFORMATION:

- ❑ I would like to be recognized as _____ in donor listings.
- ❑ Please exempt my name from any donor listings.
- ❑ I wish my gift to be made anonymously.

Yours truly,

_____ _____
Signature Date

_____ _____
Address City

_____ _____
Postal Code Telephone

- ❑ I am interested in receiving information on gift planning.
- ❑ I am interested in taking advantage of the tax incentives for gifts of securities

Charitable Registration Number 86466 0352 RR0001

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