



Headstart NEEDS YOU



GIFT RECOGNITION

HEADSTART FAMILY CIRCLE	Annual Recognition ¹		Permanent Recognition ²			Legacy Society ³
	Friend \$1,000 - \$1,999	Builder \$2,000 - \$9,999	Champion \$10,000 - \$24,999	Hero \$25,000 - \$49,999	Superhero \$50,000 - more	Sustainer Legacy gifts
Gift recognition activity						
Invitations to all Headstart events	E-mail	E-mail	E-mail or letter	E-mail or letter	E-mail or letter	E-mail or letter
Signed Thank You card printed with a design from our children						
Tax receipt and Thank You letter ⁴						
Your name added to the donor section of our website						
Your name added to the donor section of our annual report						
Children's art canvas with a plaque						
Press release with photo ⁵						
Public thank you before your group or company ⁵						
Invitation to breakfast at the Headstart building						
Right of first refusal as a sponsor for an activity						
Company or Organization name and logo on our website ⁵						
Public announcement at the Annual General Meeting						

Naming opportunities⁶	5 years
Name an office	\$25,000
Your name and logo on our buses	\$50,000
Name the Headstart Kitchen	\$50,000
Name the Headstart Parents Meeting Room	\$50,000
Name the Headstart Boardroom	\$50,000
Name one of our classrooms (3 available)	\$75,000
Name the Mapleton Teaching Kitchen	\$75,000
Name the Headstart Gym	\$75,000
Name our building	\$500,000

1. Annual gifts will be recognized in the year in which they are received.
2. Permanent recognition categories will be recognized according to the donor's giving history over a period of 10 years.
3. The Legacy Society is to recognize Legacy gift announcements from our generous donors. Once the gift is received, a tax receipt will be issued and the donor's name will be added to our permanent recognition at the appropriate level.
4. Tax receipts will be provided for cash gifts over \$10. Gifts in kind are eligible for a tax receipt if the gift is new and accompanied by a sales receipt.
5. Where applicable.
6. Based on a maximum pledge period of 5 years, unless covered by a separate agreement.

INFORMATION | RENSEIGNEMENTS

Company
Compagnie _____

Mr. M. Mrs. Mme First Name Prénom _____ Name Nom _____

Address
Adresse _____

City Ville _____ Prov. Prov. _____ Postal Code Code postal _____

Telephone Téléphone _____ E-Mail Courriel _____

Please friend me on Facebook:
Veuillez me rajouter comme ami Facebook : yes oui no non I don't have Facebook Je ne suis pas sur Facebook

MY GIFT | MON DON

My gift (\$) _____
Mon don (\$) _____

My pledge (\$) over a period of: 1 yr 1 an 2 yrs 2 ans 3 yrs 3 ans other autre _____
Mon engagement (\$) sur une période de : 1 yr 1 an 2 yrs 2 ans 3 yrs 3 ans other autre _____
in installments of (\$) monthly mensuellement yearly at this date (DD/MM)
en tranches de (\$) annually at this date (JJ/MM)
 other (details) autre (détails) _____

METHOD OF PAYMENT | MÉTHODE DE PAIEMENT

Cash | Comptant In kind | En espèce Cheque | Chèque Visa Mastercard

Name as it appears on card
Nom tel qu'il apparaît sur la carte _____

Card number Numéro de la carte _____ Expiry date Date d'expiration (MM/YY) (MM/AA)

For office use only: Authorization #

Pour usage interne : No. autorisation

Signature _____ Date _____

RECOGNITION

Headstart Family Circle
Cercle de la famille Headstart _____
Recognition | Reconnaissance

Naming opportunity
Édifice ou véhicule à nommer _____
Details | Détails

Please recognize my gift to help inspire others
SVP reconnaître mon don pour en inspirer d'autres My gift is not anonymous but I do not wish my name to be published
Mon don n'est pas anonyme mais svp ne pas publier mon nom Anonymous
Anonyme

Notes _____

Moncton Headstart will allocate your gift to the programs/campaigns where the need is greatest. Please note that a portion of each donation will be used for administrative purposes. | Moncton Headstart assignera votre don au program ou à la campagne qui démontre le plus grand besoin. Veuillez noter qu'une portion du don servira à défrayer nos coûts administratifs.

For office use only: Program Donation ID # Entered date
Pour usage interne : Programme No. Id. don Date entrée _____
Receipt needed: yes no Date receipt issued Receipt #
Besoin de reçu : oui non Date reçu émis No. du reçu _____