



## 2018-2019 BOARD OF DIRECTORS AGREEMENT TO SERVE

September 19, 2018 – September 18, 2019

**The purpose of the Board of Directors is to:**

- Provide fiduciary oversight of the operations of Trafalgar Castle School (the “School”).
- Ensure that the mission of the School is realized and that it continues to be a vital institution for both current and future students.
- Enhance the profile of the School within the Region of Durham and the Greater Toronto Area.
- Act as ambassadors for the School in the community.
- Engage in special fundraising initiatives to support the work of the School.

**I agree to serve as a Director for Trafalgar Castle School for the 2018-2019 year. As a member of the Board of Directors, I acknowledge and confirm:**

- I have reviewed and will comply with the by-laws, policies and procedures of the School and its Board of Directors at all times, including any new or amended by-laws, policies and procedures as may be developed from time to time during my tenure as a Board member and afterward as may be applicable. In particular I have reviewed and will comply with the Confidentiality Policy.
- I am aware of the time commitment required of me as a Board member. In particular, I acknowledge that Board members are required to make reasonable efforts to attend all Board meetings and in any event to miss no more than two of those Board meetings as are regularly scheduled during each school year (at present typically eight or nine). I further acknowledge that attendance may be required at other specially called meetings, including occasional overnight retreats, to attend to School governance.
- Each Board member is required to join a standing committee or sub-committee of Board and to make reasonable efforts to attend all meetings of such committee or sub-committee during the school year.
- Each Board member should attend at least two School functions in each school year, such that Board presence and support of the School will be evident at all school events, as may be appropriate.
- I will support and engage in the fundraising efforts of the School.
- I will make a personal donation to the School on an annual basis.

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Name

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Signature

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Date



## 2018-2019 BOARD OF DIRECTORS CONTACT INFO UPDATED CONTACT INFORMATION

Name (please print): \_\_\_\_\_ Email: \_\_\_\_\_

Preferred Name & Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

## FINANCIAL COMMITMENT PERSONAL DONATION

My investment will be:

\$500       \$1,000       \$2,000       Other: \$\_\_\_\_\_

I'd like to designate my donation to:

- |  |                                     |
|--|-------------------------------------|
| <input type="radio"/> Head of School Initiatives | <input type="radio"/> Endowment     |
| <input type="radio"/> A World of Difference      | <input type="radio"/> Financial Aid |
| <input type="radio"/> Excellence in Lower School | <input type="radio"/> Robotics      |
| <input type="radio"/> Excellence in Upper School | <input type="radio"/> Other: _____  |

I have enclosed my cheque payable to Trafalgar Castle School

Please charge my Visa/MC/Amex: \$\_\_\_\_\_ Name on card: \_\_\_\_\_

Card number: \_\_\_\_\_ Expiry date: \_\_\_\_\_

Security Code: \_\_\_\_\_ Cardholder signature: \_\_\_\_\_

Recognition Name(s) for Donor Listing: \_\_\_\_\_

- I will make my gift online at [www.trafalgarcastle.ca/support](http://www.trafalgarcastle.ca/support)
- I will make my gift by way of directing funds through my employer's United Way campaign

Please return by October 31, 2018 to Rhonda Daley at:

Trafalgar Castle School  
401 Reynolds Street  
Whitby, ON L1N 3W9

Or by email: [daley.rhonda@trafalgarcastle.ca](mailto:daley.rhonda@trafalgarcastle.ca)