

Donor Information

First Name _____ Initial(s) _____ Last Name _____

Address _____

City _____ Province / State _____ Country _____ Postal / Zip Code _____

To keep informed on University news and events, please indicate your preferred email address:

Preferred Email Address _____ Home _____ Business _____

Preferred Telephone No _____ Home _____ Business _____

Please indicate whether you are: Alumni Student Faculty Staff Other

Choose a Gift Option

I wish to make a one time gift of \$ _____

I wish to make a total pledge of \$ _____

My installments will be made Monthly Bi-monthly Quarterly Annually

My first installment of \$ _____ will be made on (month / year) _____ and will be payable over _____ years.

(Monthly donations will be processed on the 1st day of each month. All scheduled donations will continue until we are notified to discontinue).

Method of Payment

I have enclosed a cheque payable to Saint Mary's University.

I authorize Saint Mary's University to make automatic withdrawals from my: _____

Credit Card Visa Mastercard American Express

Card Number # : _____

Expiry Date : _____

(Cardholder Signature)

Where to Give

Santamarian Fund (area of greatest need)

Faculty / School / Department of: _____

Scholarships

Other: _____

Bursaries

Gift Details

My company will match my gift, and a completed matching gift form is enclosed.

Please do not publish my name in the annual donors' report.

Please send information on planned giving (bequests, life insurance).