

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Please do not publish my name in the annual donors' report.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