



SANTAMARIAN FUND

DONOR INFORMATION

Ms Mr Mrs Dr Other

First Name _____ Initial _____ 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).

<https://smu.ca/giving/>

867 Robie Street, Halifax NS B3H 3C3 | Canada | Tel: 902.420.5496

Fax: 902.420.5140 | 1.902.492.4483 | Toll Free 1.888.768.4483

Receipt will be issued for all eligible donations. Charitable Business # BN 11918 9900 RR0001