

PAYROLL DEDUCTION DONATION FORM

Thank you for your generosity and support of Saint Mary's Students.

Please complete this form and send via internal mail to the Advancement Development Office

or drop off in person at 867 Robie Street

or send via email to gift.accounting@smu.ca

A charitable tax receipt for all donations will be issued through your annual T4 form

Date: mm ___/dd ___/yy ___

Please print your name and address below:

Title: Dr. Ms. Mrs. Miss. Mr. (circle one)

First Name: _____ Middle Name: _____ Last Name: _____

Home Address: _____

City: _____ Prov: _____ Postal Code: _____ Country: _____

Home Phone: _____ Work Phone: _____ Email: _____

Gift Designation

Santamarian Fund

Athletics

Scholarships/Bursaries _____ (please let us know if you would like your donation directed to a specific fund)

The Fred Smithers Centre for Student Accessibility Other _____

Payment Options

Bi-weekly Payroll Deduction Program. I authorize Bi-weekly payroll deductions of \$ _____ to start ___/___/___.

Signature: _____ Date: _____

I wish my donation to remain anonymous.

Please do not publish my name in any donor listing

Planned Giving

I have made provisions for Saint Mary's University in my will.

I would like to receive information about including Saint Mary's University in my will.

Please send me information about Planned Gifts (e.g., life insurance policy, bequest).

Thank You!