



DONATION FORM – SAINT PAUL UNIVERSITY EMPLOYEE CAMPAIGN

GUIDING TRANSFORMATION TOGETHER – I'm a part of it!

<input type="checkbox"/> Ms. <input type="checkbox"/> Mr. Other:	
Preferred language:	<input type="checkbox"/> French <input type="checkbox"/> English
First name:	Last name:
Address:	
City:	Province:
Postal code:	Telephone:
Email address:	
Yes, I'd like to make a gift	
<input type="checkbox"/> One-time gift totalling: \$	
<input type="checkbox"/> Pledge in the amount of: \$	
Gift allocation	
<input type="checkbox"/> Please direct my gift to:	
<input type="checkbox"/> I'd like my gift to remain anonymous	
<input type="checkbox"/> I would like to be recognized as a donor and included in communications materials sent out to Saint Paul University employees to encourage them to give (with my picture, a quote, etc.)	
Monthly gift	
I authorize a monthly debit of	\$ X number of months
Starting on the:	For a total of: \$
<input type="checkbox"/> I authorize Saint Paul University to withdraw the amount indicated above monthly from my Credit Card or Bank account. Each month, my donation will be automatically renewed and debited from my Credit Card or Bank account. This can be cancelled at any time by contacting the Alumni and Development Office at 613-236-1393 ext. 2293 (processing delays of up to 30 days may apply).	
Method of payment	
<input type="checkbox"/> Credit card number:	Exp.:
<input type="checkbox"/> Bank account withdrawal (monthly donation only) – please provide us with a void check	

Payroll deduction	
First name:	Last name:
I authorize the deduction of	\$ X pay periods
Starting on the:	For a total of: \$
Signature:	Date:
Every 2 weeks, my donation will be automatically renewed and will be deducted from my pay. This can be cancelled at any time by contacting the Saint Paul University Human Resources office (processing delays of up to 15 days may apply).	

Thank you for your generous support of Saint Paul University!