

DONATION FORM

BUREAU DES DIPLÔMÉS ET DU
DÉVELOPPEMENT
ALUMNI AND DEVELOPMENT
OFFICE



UNIVERSITÉ
SAINT-PAUL
UNIVERSITY

<input type="checkbox"/> Ms. <input type="checkbox"/> Mr. <input type="checkbox"/> Other: _____		Preferred language: <input type="checkbox"/> French <input type="checkbox"/> English	
Last name:		First name:	
Address:			
City:		Province:	
Postal code:		Country:	
Telephone (home):		Telephone (cellular):	
Email address:			
<input type="checkbox"/> YES, I'D LIKE TO SUPPORT SAINT PAUL UNIVERSITY WITH A GIFT OF: \$			
GIFT ALLOCATION			
<input type="checkbox"/> Please use my donation towards Saint Paul University's main priorities			
<input type="checkbox"/> Please direct my donation to the following fund:			
<input type="checkbox"/> I would like my donation to be recognized under the name:			
<input type="checkbox"/> I would like my donation to be anonymous			
MONTHLY GIVING:			
<input type="checkbox"/> The 1st of each month		\$ _____ per month	
<input type="checkbox"/> The 15th of each month		<input type="checkbox"/> The 15th of each month	
<input type="checkbox"/> I authorize Saint Paul University to withdraw the amount indicated above monthly from my bank account. Each month, my donation will be automatically renewed and debited from my bank account. This can be cancelled at any time by contacting the Alumni and Development Office (processing delay of up to 30 days may apply).			
<i>Please provide us with a void check.</i>			
<input type="checkbox"/> I authorize Saint Paul University to withdraw the amount indicated above monthly from my credit card. Each month, my donation will be automatically renewed and debited from my credit card. This can be cancelled at any time by contacting the Alumni and Development Office (processing delay of up to 30 days may apply).			
METHOD OF PAYMENT			
<input type="checkbox"/> Check or money order made payable to: Saint Paul University			
<input type="checkbox"/> Credit Card Number: _____			Expires: _____
<input type="checkbox"/> Bank account withdrawal (monthly donation only) – please provide us with a void check.			
<input type="checkbox"/> DONATION IN MEMORY OR IN HONOUR OF			
<i>This section is optional and the amount of your donation is confidential.</i>			
Name of the deceased or honoured individual: _____			
Notify the family or honoured person: YES <input type="checkbox"/> NO <input type="checkbox"/>		If yes, please fill in the fields below.	
<input type="checkbox"/> Ms. <input type="checkbox"/> Mr. <input type="checkbox"/> Other: _____		Preferred language: <input type="checkbox"/> French <input type="checkbox"/> English	
Last name:		First name:	
Address:			
City:		Province:	
Postal code:		Country:	
Telephone (home):		Telephone (cellular):	
Reason for the gift: _____			
Signature*:		Date:	

* If this form is sent from the donor's personal email address, no signature is required.

Thank you for your generous support of Saint Paul University.