



**PAYROLL DEDUCTION DONATION FORM**

**To make a gift to Saint Mary's University, please complete this form and mail to the address below.**  
**Saint Mary's University Development Office 867 Robie St Halifax NS B3H 3C3 Tel 902-420-5496 Fax 902-420-5140**  
**A charitable tax receipt for all donations will be issued through your annual T4 form.**

*(Please enter name(s) as you wish them acknowledged. If you and your spouse are both Saint Mary's University Alumni, please indicate how you wish your gift to be credited.)*

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: \_\_\_\_\_

**My total gift pledged to Saint Mary's University is \$ \_\_\_\_\_\***

**\*\*\*The total pledged amount will be divided by 26 pays per year\*\***

**Gift Designation**

- Area of Greatest Need
- Athletics
- Scholarships/Bursaries
- Centre of Support for Students with Disabilities
- Library Acquisitions
- Other \_\_\_\_\_

**Payment Options**

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

For \_\_\_\_\_ years

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- Please do not publish my name in any donor listing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!**