



Donor

Donor Name	Department	Employee Number
Address	Street	
City	Province	Postal Code
Telephone	Email	Banner Number

Gift/Pledge:

I would like to make a contribution of \$ _____ to the *Hearts & Minds* Capital Campaign

This contribution will be allocated as follows: *(please check one)*

- Please indicate Campaign project _____
- or*
- Please direct this gift to the area of greatest need

Recognition:

- I would like this gift to be recognized in the name(s) of: _____
- or*
- I prefer to remain anonymous

Payment Method:

- Payroll Deduction - form attached
- Cash
- Cheque (make payable to Saint Mary's University Hearts & Minds Capital Campaign)
- Automatic Account Withdrawal - please include void cheque
- Credit Card (Type): _____

Name on card: _____
Card number: _____
Expiry date: _____
Signature: _____

Payment Schedule:

Total Amount Pledged \$ _____
Payment Schedule:
 Annually
 Semi-annually
 Quarterly
 Monthly
 Bi-weekly (payroll deduction)
For _____ years.
Pledge Payment Start Date: _____

Thank You.

A receipt for your tax deductible gift will be issued.
Charitable registration number: BN 11918 9900 RR0001

To learn more about donor recognition opportunities,
or for general inquiries, please contact:
Saint Mary's University Development Office
867 Robie Street • Halifax, NS • B3H 3C3
(902) 420-5496 • Email: heartsandminds@smu.ca