

## PLEDGE/DONATION FORM

**PLEASE FILL OUT THIS FORM,  
AND RETURN BY MAIL TO:**

Mount Allison University  
University Advancement  
62 York St. Sackville NB E4L 1E2  
CANADA

Telephone: **(506) 364-2343**  
E-mail: **annualfund@mta.ca**  
**www.mta.ca/development**

**PLEASE DIRECT MY PLEDGE/DONATION TO:**

- Mountie2Mountie Greatest Needs Fund
  - Scholarships
  - Bursaries
  - Athletics
  - Other:
- \_\_\_\_\_
- \_\_\_\_\_

- I WANT TO MAKE A ONE-TIME DONATION OF**
- \$1,000     \$500     \$250     \$100
- Other \$ \_\_\_\_\_

– OR –

- I WANT TO MAKE A RECURRING PLEDGE OF**
- \$ \_\_\_\_\_ (total amount of pledge)
- beginning D/ \_\_\_\_\_ M/ \_\_\_\_\_ Y/ \_\_\_\_\_

To fulfill my pledge, I will pay \$ \_\_\_\_\_

- Yearly
- Monthly
- Quarterly
- Semi-Annually

Please provide credit card information for automatic withdrawals, or attach a voided cheque for pre-authorized checking. (next column)

**DONOR INFORMATION:**

Donor Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Prov/State: \_\_\_\_\_ Postal /Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Employer: \_\_\_\_\_

*This is used only to check against an existing list of matching gift companies.  
Your employer will not be contacted.*

**MY DONATION SHALL BE PAID BY:**

Visa     Mastercard     AmEx

Credit Card #: \_\_\_\_\_

Expiry: D/ \_\_\_\_\_ M/ \_\_\_\_\_ Y/ \_\_\_\_\_ CVV: \_\_\_\_\_

Donor Signature: \_\_\_\_\_

- My cheque, payable to Mount Allison University, is enclosed.

**NOTE:** An official tax receipt will be forwarded for your donation. A pledge is not a legally-binding contract and may be cancelled at any time by the donor.

- Please DO NOT publish my name in ANY university communications that list donors.
- Please send me information about Mount Allison's Legacy Giving program.

THANK YOU FOR YOUR INTEREST  
IN SUPPORTING MOUNT ALLISON UNIVERSITY!

