



Donor Information

Name: _____ Street: _____
City: _____ Province: _____ Country: _____ Postal Code: _____
Email: _____ Phone: _____ Home Cell Work

Gift Information

- I would like to make a one-time gift of: \$ _____.
- I would like to make a monthly gift of: \$ _____ for _____ months.
I may alter this agreement by contacting the Office of Advancement.

Tax receipts will be issued for income tax purposes.

I would like to direct my gift to:

- Alumni Fund (supporting student awards, programs and facilities)
 Academic Programs (please specify): _____
 Scholarships & Financial Aid (for prospective and current students)
 Athletic Excellence (securing a proud athletic tradition)
 Heritage Acadia (preservation and enhancement of campus)
 Other (please specify): _____

Recognition

- I would like to have my name (and class year) on donor lists as:

- I would like this gift to remain anonymous.

Method of Payment

- Please process my credit card
 Visa MasterCard American Express

Card #: _____

Expiry: _____

Name on Card: _____

Signature: _____

- I have enclosed a cheque made payable to Acadia University for my one-time gift.
 I have enclosed a VOID cheque to process my pre-authorized monthly gifts.
 I have included Acadia University in my estate plans.

You can also make your gift online at giving.acadiau.ca