



Donor Information

Mr. Ms. Mrs. Dr. Other: _____

Name: _____

Street: _____

City: _____

Province: _____

Country: _____ Postal Code: _____

Email: _____

Phone: _____ Home Cell Work

Gift Information

I would like to make a monthly gift of:

\$75 \$50 \$40 \$30 Other \$ _____

I may alter this agreement by contacting the Office of Advancement.

I would like to make a one-time gift of:

\$750 \$600 \$300 \$150 Other \$ _____

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/givenow