



Donor Information

Mr. Ms. Mrs. Dr. Other: _____ Name: _____

Street: _____ City: _____

Province: _____ Country: _____ Postal Code: _____

Department: _____ Phone: _____ Home Cell Work

Payment Options (please select one)

- I wish to contribute a total of \$ _____ over _____ year(s)
- I wish to contribute a total of \$ _____ over _____ pay(s)
- I wish to contribute \$ _____ per pay until further notice
I may alter this agreement by contacting the Office of Advancement.

I would like to direct my gift to:

- Campaign for Acadia
- 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): _____

Gift Information (please select one)

- Start my deduction on the month of: _____
- Please begin my deduction on the next scheduled payroll

Recognition

- I would like to have my name and class year on donor lists as: _____
- I would like this gift to remain anonymous.

Authorization

Signature: _____ Date: _____