

Faculty and Staff Gift Agreement Form

Please fill out this form and once completed, email to externalrelations@acadiau.ca or mail to:

External Relations Acadia University 15 University Avenue Wolfville, NS B4P 2R6

Donor Information

Name: _____ Street Address: _____

City/Town: _____ Province: _____ Country: _____ Postal Code: _____

Department: _____

Phone: _____ Email Address: _____

I have spoken to an Acadia University Donor Relations representative. Name: _____

Please have an Acadia University Donor Relations representative contact me to discuss allocating my gift.

Gift Designation

University Highest Need Student Centre Alumni Fund Scholarships and Financial Aid Heritage Acadia

Athletic Excellence Academic Programs (please specify): _____

Other: _____

Giving Options

I wish to contribute \$ _____ per pay until further notice. *(I may alter this agreement by contacting External Relations)*

I wish to contribute a total of \$ _____ over _____ year(s) I wish to contribute a total of \$ _____ over _____ pay(s)

Start my deduction on the month of: _____ Please begin my deduction on the next scheduled pay period

Recognition

I would like to have my name (and class year) on the donor list as: _____

I would like my gift to remain anonymous.

Donor Signature: _____ Date: _____

Thank you!

Charitable Registration Number: 10668 1893 RR0001

Revised November 2024

