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	Postal Code: Email:
 I would like to make a one-time* gift of: \$	□ I would like to make a multi-year* pledge with a donation of: \$ per year for years. I wish my pledge to begin on (mm/dd/yy): ———— * I may alter this agreement by contacting the Office of Advancement
AREA OF SUPPORT	METHOD OF PAYMENT
If selecting multiple designations, your donation will be split evenly unless you specify a different arrangement.	Please process my payment via Credit card Visa MasterCard AMEX
☐ Area of Greatest Impact	Card Number
☐ Faculty, School or Department of:	Expiry Signature Cheque: I've enclosed a cheque made payable to