



Name: _____

Address: _____ City: _____ Province/State: _____

Country: _____ Postal/Zip Code: _____

Preferred Telephone: _____ E-Mail: _____

I am pleased to donate to **St. Paul's University College** a total amount of \$ _____

I wish to designate my gift to: **Alex Foto Memorial Fund**

Recognition Information

Your contribution may be noted in recognition vehicles produced by St. Paul's and University of Waterloo, such as donor listings.

*If you would like your gift to remain anonymous please check

Gift Details

I wish to make a **onetime** gift of \$ _____

I wish to make a **pledge** contributing annually for _____ year(s)

My yearly contribution will be \$ _____ for a total contribution of \$ _____

Payment Options

Option A: Enclosed is my cheque for \$ _____ payable to St. Paul's University College.

Option B: I wish to use my credit card: Visa / Master Card / Amex (please circle one)

Card Number: _____ Expiry: _____

I authorize monthly installments for my pledge of \$ _____

Beginning (MM/YYYY) _____ and ending (MM/YYYY) _____

Signature: _____ Date: _____

Option C: I prefer to give by preauthorized bank withdrawal.

**Please include a VOID cheque (Canadian Financial Institutions only).*

I authorize installments in the amount of \$ _____ per month / year (please circle one)

Beginning (MM/YYYY) _____ and ending (MM/YYYY) _____

**Joint accounts require two signatures:* Signature: _____ Signature: _____