

PLEASE FILL OUT THIS FORM,
AND RETURN BY MAIL TO:

Mount Allison University
University Advancement
62 York St. Sackville NB E4L 1E2
CANADA

Telephone: (506) 364-2343
E-mail: annualfund@mta.ca
www.mta.ca/development

PLEASE DIRECT MY PLEDGE/DONATION TO:

- Mountie2Mountie Greatest Needs Fund
- Scholarships
- Bursaries
- Athletics
- Other:

- I WANT TO MAKE A ONE TIME DONATION OF
- \$1,000 \$500 \$250 \$100
- Other \$ _____

– OR –

- I WANT TO MAKE A RECURRING PLEDGE OF
- \$ _____ (total amount of pledge)
- beginning D/ _____ M/ _____ Y/ _____

To fulfill my pledge, I will pay \$ _____

- Yearly
- Monthly
- Quarterly
- Semi-Annually

My cheque, payable to Mount Allison University, is enclosed.

NOTE: An official tax receipt will be forwarded for your donation.
A pledge is not a legally-binding contract and may be cancelled at any time by the donor.

- Please DO NOT publish my name in ANY university communications that list donors.
- Please send me information about Mount Allison's Legacy Giving program.

THANK YOU FOR YOUR INTEREST
IN SUPPORTING MOUNT ALLISON UNIVERS

Please provide credit card information for automatic withdrawals, or attach a voided cheque

Expiry: D/ _____ M/ _____ Y/ _____ CVV: _____