



# Faculty & Staff Payroll Deduction Form

## I would like to support:

**Mount Fund - Scholarships, Bursaries & Awards**

**Riva Spatz Women's Wall of Honour**

Name as it is to appear on the Wall: \_\_\_\_\_

Please choose one:  In Honour  In Memory

*To have your honouree notified of this gift, please provide contact details when submitting this form.*

**Other** \_\_\_\_\_

## Payroll deduction payment options:

I wish to contribute:

A total of \$\_\_\_\_\_ over \_\_\_\_\_ years

A total of \$\_\_\_\_\_ over \_\_\_\_\_ pay periods

\$\_\_\_\_\_ per pay period until further notice

## Authorization

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## In Appreciation:

All gifts are gratefully received and will be recognized in the Mount's donor listings.

If you do not wish to have your name published in the donor listings, please check here:

## Donor Details:

Name: \_\_\_\_\_

Department: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

Please return to:

Advancement, University Relations

Mount Saint Vincent University

Halifax NS B3M 2J6

erin.patrick@msvu.ca

**Thank you for your support**



Charitable B/N: 11904 8049 RR0001