



**Please return to:**

Mount Saint Vincent University  
Advancement, University Relations  
Halifax NS B3M 2J6  
Ph: 902.497.0428  
Fax: 902.445.3962  
giving@msvu.ca

**DONOR DETAILS**

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

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

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

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

Mount Graduate  yes Class of \_\_\_\_\_  no

**GIFT AMOUNT**

I would like to make a **one-time gift** of:

\$ \_\_\_\_\_

I would like to be a **monthly donor** and commit to supporting MSVU students with a monthly donation of:

\$ \_\_\_\_\_

*I may alter this agreement by contacting the Advancement Team*

**AREA OF SUPPORT**

- President's Student Relief Fund
- Scholarships, Bursaries and Awards
- Riva Spatz Women's Wall of Honour (\$1,200/leaf)
- One Way, Together (Athletics)
- Student Opportunities Fund
- Centre for Applied Research in Human Health
- Other \_\_\_\_\_

*If selecting multiple designations, your donation will be split evenly unless you specify a different arrangement.*

*(See Over)*

### **METHOD OF PAYMENT**

- Please process my credit card     Visa     MasterCard     AMEX

Card # \_\_\_\_\_ Exp: \_\_\_\_\_ CVD # \_\_\_\_\_

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

- I've enclosed a cheque made payable to Mount Saint Vincent University to process my one-time gift.  
 I've enclosed a void Canadian cheque to process my pre-authorized monthly gifts.

### **EVERY GIFT IN EVERY WILL MAKES A DIFFERENCE**

- Please send me information on how to remember MSVU in my will.  
 I have remembered Mount Saint Vincent University in my will.

### **TAX RECEIPTS**

A tax receipt will be issued for your income tax purposes to the address provided on the revers. Please advise if you would like the receipt to be sent to a different address. Monthly donors will receive one yearly receipt summarizing giving over the year.

***Thank you for your support!***

Charitable B/N: 11904 8049 RR0001

