



Faculty & Staff Payroll Deduction Form

I would like to support:

- President's Student Relief Fund**
- 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