UNIVERSITY OF
ST. MICHAEL'S COLLEGE
IN THE UNIVERSITY OF TORONTO

Your support will provide valuable resources to enable St. Michael's to keep pace with the growing needs of current and future students.

Name: _____

Address: _____

_____

Phone: _____ **Email:** _____

I WISH TO MAKE A GIFT OF $ _____ TO SUPPORT _____ AT THE UNIVERSITY OF ST. MICHAEL COLLEGE IN THE UNIVERSITY OF TORONTO.

PAYMENT METHOD:

❒ Cheque (payable to the University of St. Michael's College)

❒ Please charge my ❍VISA ❍ MasterCard ❍ American Express

_____ _____ _____ _____
Card Number Expiry Date Name on Card Signature

❍ Gift of Securities or Mutual Funds

YES, I WOULD LIKE TO SIGN UP AS A MONTHLY DONOR

AMOUNT PER MONTH ❍ **$10** ❍ **$20** ❍ **$50** ❍ **$100** ❒ **OTHER $ _____**

❒ Please charge all monthly payments to the credit card given above. The monthly donations will be deducted on the 1st of the month.

❒ I authorize St. Michael's College to deduct the amount designated from my bank account or to charge my credit card. I understand that I can alter or cancel this pre-authorized payment at any time with written notice to St. Michael's College. A tax receipt for all pre-authorized gifts will be sent in February of the following year.

❒ Enclosed, find a cheque marked **Void** for monthly deductions from my bank account (Canadian accounts only)

OTHER OPTIONS FOR GIVING

❒ I have included the University of St. Michael's College in my estate plans.

❒ Please contact me about including the University of St. Michael's College in my estate plans.

❒ Please contact me about employee matching gifts. My employer is _____

The University of St. Michael's College and the University of Toronto respect your privacy. The information on this form is collected and used for the administration of the University's Office of University Advancement activities pursuant to the University of Toronto Act, 1971. At all times it will be protected in accordance with the Freedom of Information and Protection of Privacy Act. If you have questions, please refer to www.utoronto.ca/privacy or contact U of T's Freedom of Information and Protection of Privacy Office at 416-946-7303, McMurrich Building, Room 104, 12 Queen's Park Crescent West, Toronto, Ontario M5S 1A8 Charitable Registration Number 11927 9321 RR0001