



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 _____