



DALHOUSIE
University

Pledge Form for The Nigel Merchant Allied Health Bursary

Full Name: _____

PLEASE PRINT

Mailing Address: _____

City: _____ Prov: _____ PCode: _____

Home Phone: (____) _____ Work Phone: (____) _____

Email: _____

Would you like to make your contribution?

- in one installment **OR**
 monthly until further notice **OR** monthly until (dd/mm/yy) _____

What amount would you like to donate? \$ _____

How would you like to make your contribution?

- Cheque:** Payment Pre-authorized monthly contribution (void cheque)

Payable to: Dalhousie University

- Credit card:** VISA Mastercard AMEX

Card Number: _____ Expiry: _____

Signature: _____

Mail to: Dalhousie University
 Office of External Relations
 Room 100, Macdonald Building, Halifax NS B3H 3J5

Thank You For Your Support