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□ I would like to make a one-time* gift of: \$ I would like to be a monthly donor* with a monthly donation of:		I would like to make a multi-year* pledge with a donation of: \$ per year for years. I wish my pledge to begin on (mm/dd/yy):		
\$		* I may alter ti	his agreement by contacting the Office of	Advancement
AREA OF SUPPORT		METHOD OF PAYMENT		
f selecting multiple designations, your donation will be split evenly unless you specify a different arrangement.		Please process my payment via Credit card Visa MasterCard AMEX		
☐ Area of Greatest Impact ☐ Faculty, School or Department of: ☐ Please do NOT publish my name on any donorlist.		Card Number Expiry Signature		
		☐ Cheque: I'v Dalhousie U	re enclosed a cheque made payable to University to process my one-time gift. ized withdrawal: I've enclosed a void Corocess my gift as per the frequency ou	
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