



Personal Information

Title: _____ Name: _____

Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Phone: (____) _____ E-mail: _____

Alumnus? Yes No If yes, graduating year: _____

Degree & Major: _____ Student # _____

I would like to support Algoma University with my one-time donation of:

\$50 \$100 \$250 \$500 \$ _____

Please direct my donation to:

Student Emergency Fund Scholarships and Bursaries Arthur A. Wishart Library Varsity Sports

Other _____

Preferred Method of Payment:

A) Payroll Deduction

- \$20.00/pay x _____ pays = \$ _____
- \$15.00/pay x _____ pays = \$ _____
- \$10.00/pay x _____ pays = \$ _____
- \$ _____/pay x _____ pays = \$ _____

Please check here if you would like your yearly donation to be renewed until further notice.

B) VISA MasterCard Card Number:

Expiry Date: / 3-Digit Security Code (CVV):

Name on Card: _____ Phone #: _____

- Full Annual Payment(s)
- Monthly Payments: \$ _____ /per month. Start (Month/Year): _____ End (Month/Year): _____ (optional)

C) Payment by Cheque

Cheques can be made payable to Algoma University. The fund being donated to can be listed in the memo line.

Signature: _____ Date: _____

Planning your future with Algoma University

I would appreciate learning about making a planned gift to Algoma University.

Please send completed forms to giselle.chiarell@algomau.ca or mail to:

Algoma University, Attn. Giselle Chiarello, Senior Development Officer

1520 Queen St., East, Sault Ste. Marie, ON P6A 2G4

Charitable organization registration number 8266 30865 RR0001

Thank you for your support!