



Faculty and Staff Donation Form

Name: _____

Address: _____
Street City, province, postal code

Phone: (____) _____ Email: _____

Department: _____ I'm a MUN grad: _____
 I want this donation to be anonymous.

CHOOSE THE AREA YOU WOULD LIKE TO SUPPORT:

- Financial support for students
- Faculty/school/campus: _____
- Where the need is greatest
- Other: _____

A. GIVE THROUGH PAYROLL

I would like to give \$ _____ per pay period through bi-weekly payroll monthly pension deduction
for _____ year(s). My MUN employee or pensioner number is _____.

B. MAKE A ONE-TIME GIFT

I would like to make a gift of \$ _____.

Visa MasterCard # _____

Name on card: _____

- Cheque or money order (made payable to Memorial University)
- Shares or securities (we will contact you to provide the necessary information)

Expiry: _____ (MMYY)
\$5,000 annual limit for donations by credit card, please see details below.

C. BECOME A REGULAR DONOR

I will give \$ _____ monthly annually for _____ year(s). Start date: _____

Visa MasterCard # _____

Name on card: _____

- Bank deductions (please enclose a void cheque)

Expiry: _____ (MMYY)
\$5,000 annual limit for donations by credit card, please see details below.

This gift is in memory or in honour of: _____

In an effort to limit processing fees by credit card companies, we accept credit card donations up to \$5,000 per year. CRA regulations require us to issue charitable tax receipts in the name of the person or company making the donation payment.

Signature: _____

Date: _____

Give online: www.mun.ca/alumni/give
Give by phone: 709-864-4354 or toll free 1-877-700-4081
Questions? Call Kathrin Gill at 709-864-2098 or email kbjill@mun.ca.

Mail completed form to:
Office of Development
Memorial University
PO Box 4200 STN C
St. John's NL A1C 5S7

*Thank you
for your
support!*

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