

Journey for Life Campaign Pledge Form

Donor Information

Donor Name(s) _____
Address _____
City _____ Country _____ Postal/Zip _____
Telephone _____ Grad Year _____
Email _____

Donation Information

I/We wish to donate to support the Journey for Life Campaign:

\$ _____ (Total gift amount)

I/We wish to make our payment on this pledge form as follows:

One payment in full

Installments each in the amount of \$ _____

Monthly

Quarterly

Semi-annually

Annually over _____ years

Payment for the first installment is enclosed, or *(Suggested 1-5 years)*

First installment is to be paid on _____ Day/ _____ Month/ _____ Year

Signature _____

Date _____

Payment Options

CHEQUE

I have enclosed a cheque/money order/bank draft payable to **St. Michaels University School**.

CREDIT CARD

I authorize St. Michaels University School to process my credit card to fulfil the pledge.

Visa

Mastercard

American Express

Card Number _____ Expiry Date _____ / _____ V-Code _____

Name on Card _____

STOCKS AND SHARES

We will contact you with the proper procedures.

WIRE TRANSFER

We will contact you with the proper procedures.

BEQUEST GIVING

I would like to learn more about supporting the school in my will.



St. Michaels
University School



Journey for Life