

Bishop's University

Staff & Faculty Campaign

Name: _____ Date (mm/dd/yyyy): ____/____/____

Current Position: _____ Department: _____

I best identify as:

- Full-time Staff Part-Time Staff Contract Staff Full-time Faculty Part-Time Faculty Contract Faculty

Yes, I want to make an important difference in the lives of Bishop's students with a charitable gift.

I would like to make my gift by Payroll Deduction

Note: Gifts will be reflected on your T4.

I wish to make a gift through payroll deduction in the amount of: \$_____/pay

I would like this gift to recur indefinitely

I would like this gift to recur for a total of _____ pay period(s)

Note: Changes to your pledge can be made anytime by contacting the Advancement Office.

I wish to support Bishop's with a one-time gift of:

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

OR Monthly gift of \$_____ to be processed on the 1st or 15th

OR Recurring gift of \$_____ / _____ years
Commencing: ____/____ (mth/yr)

I wish to give anonymously

We love to celebrate our donors!

I am open to being profiled

Method of Payment:

Monthly bank withdrawal (void cheque enclosed) OR

Cheque (payable to the **Bishop's University Foundation**) OR

VISA MC AMEX

Card no: _____

Exp.: ____/____

Name on card: _____

Signature: _____

I would like my gift directed to the:

University's Highest Priority

Learning Commons / Library

Academic Support

Student Support (Scholarships, Bursaries, etc.)

Other: _____

Thank you for your gift in support of students at Bishop's!

To discuss any details of your giving, please do not hesitate to reach your Advancement team at (819)822-9660 or visit us at 3 Harrold Drive.

To make your gift online visit www.ubishops.ca/gift

Simply print this form and return to us at Griffin House.

Stay tuned for a live, online submission form coming shortly!

