

THANK YOU TO OUR CAMPUS COMMUNITY FOR YOUR GENEROUS SUPPORT!

Office of University Advancement
& Alumni Relations
452-0645, barsenault@stu.ca

1 Tell us about yourself:

Title (Mrs, Mr, Dr, etc.) _____ First Name _____ Initial _____ Last Name _____
 Department _____

2 Decide where to give:

☐ STU Fund (area of greatest need) ☐ STU Bursaries (validated financial need)
☐ STU Scholarships (academic achievement) ☐ Other: _____

3 My Gift to STU

One-Time Gift \$ _____
 Bi-Weekly \$ _____
 Monthly \$ _____

Payment Options

☐ Payroll Deduction (bi-weekly) \$ _____ *(gifts by payroll deduction will be recorded on your T4)*
☐ Cheque (payable to St. Thomas University - one time gift only)
☐ Credit Card - Monthly and One-time gift only
☐ Visa ☐ MasterCard ☐ American Express Name on Card: _____

Card Number _____ Expiry (mm/yy) _____ Cardholder Signature _____

Regular Donation Tax Credit			
Your donation to STU	Total Amount	Return (federally and provincially)	Actual Cost of Gift
\$9.62/bi-weekly	= \$250	\$72	\$178
\$19.23/bi-weekly	= \$500	\$190	\$310
\$28.85/bi-weekly	= \$750	\$307	\$443
\$38.47/bi-weekly	= \$1,000	\$425	\$575
\$76.93/bi-weekly	= \$2,000	\$894	\$1,106
\$115.39/bi-weekly	= \$3,000	\$1,363	\$1,637
\$192.31/bi-weekly	= \$5,000	\$2,302	\$2,698

I would like more information on: ☐ Establishing a Named Award ☐ Giving Securities ☐ Naming STU in my will

The personal information requested on this form is collected for the purpose of maintaining communication with alumni and supporters of St. Thomas University. Questions concerning the collection, use or disposal of this information should be directed to the Vice-President (Finance and Administration), Margaret Norrie McCain Hall, St. Thomas University, Fredericton, NB E3B 5G3, ph: 506-452-0533. Charitable Registration #10804 3282 RR0001.