



# STUDENT CENTRE CHALLENGE CONFIDENTIAL PLEDGE FORM

Advancement Office, Mackenzie House  
1600 West Bank Dr., Peterborough, ON K9J 7B8

Print and E-mail to [juliegauthier@trentu.ca](mailto:juliegauthier@trentu.ca)

**Donor's Name:** \_\_\_\_\_  Mr.  Mrs.  Ms.  Prof  Dr.

**Address:** \_\_\_\_\_ **Home Phone #:** \_\_\_\_\_

\_\_\_\_\_ **Cell Phone#** \_\_\_\_\_

\_\_\_\_\_ **Email:** \_\_\_\_\_

## Donation Options:

*Yes, I am pleased to ACCEPT the Student Centre Challenge by making a*

- one-time** gift of \$ \_\_\_\_\_
- monthly** donation of \$ \_\_\_\_\_ for \_\_\_\_\_ months **or** \_\_\_\_\_ years.  
Starting: \_\_\_/\_\_\_/\_\_\_ (d/m/y) Ending: \_\_\_/\_\_\_/\_\_\_ (d/m/y)
- annual** donation of \$ \_\_\_\_\_ for \_\_\_\_\_ years = Total Pledge amount \_\_\_\_\_

## Payment Options:

- Payroll Deduction: Employee # \_\_\_\_\_
- Cheque: Pay to the order of Trent University
- Cash
- Credit Card:  MasterCard  Visa  American Express

Number: \_\_\_\_\_ Exp Date \_\_\_\_\_ / \_\_\_\_\_

- Pre-authorized bank withdrawal (15<sup>th</sup> of each month). *Please attach a void cheque*
- Gift of Securities: Advancement Office will follow-up with you regarding the tax benefits of this option.

## Recognition:

- Yes, I will allow my name to be recognized publicly as a donor.
- I wish to give jointly with spouse \_\_\_\_\_
- I prefer that my name not be listed publicly in donor reports or communication materials.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Questions:

Should you have any questions please feel free to contact Julie Gauthier, Donations Coordinator, at 705-748-1601 or [juliegauthier@trentu.ca](mailto:juliegauthier@trentu.ca).

Charitable Registration Number: 11926 8928 RR0001. All donations will receive a Tax Receipt. **We do not sell or rent our mailing list to other organizations.** The Advancement Office and authorized personnel use information to keep alumni and friends informed about our services, fundraising programs, benefits, discounts, special events and other activities

\*\* I understand that I can revoke or make changes to this authorization at any time in writing or by calling Donor Services at (705) 748-1601 with 30 days notice. I have certain recourse rights if any donation does not comply with this agreement (ie: I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this pre-authorized payment agreement). To obtain a sample cancellation form, or for more information on my right to cancel a pre-authorized payment agreement or my recourse rights, I may contact my financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).