



**ST. MARY'S ACADEMY
FOUNDATION**

550 Wellington Crescent, Winnipeg, MB R3M 0C1
204-477-0244
www.smamb.ca

Email to: *advancement@smamb.ca*

or

Mail to: *St. Mary's Academy Foundation
550 Wellington Crescent
Winnipeg, MB R3M 0C1*

DONATION FORM

DONOR INFORMATION (PLEASE PRINT)

Name _____

Address _____

Phone _____

Email _____

DONATION INFORMATION

I (we) donate a **total** of \$ _____ or a **monthly** donation of \$ _____

PAYMENT INFORMATION

I (we) plan to make this contribution to the SMA Foundation in the form of:

Cheque enclosed (Payable to St. Mary's Academy Foundation) or Credit Card

Card Number _____

Expiry date ____/____ Cardholder Name _____

CVV (3-digit code): _____

I (we) authorize a one-time credit card payment on (date) _____

OR

I (we) authorize a recurring monthly contribution, on the 1st or 15th of the month,

Beginning _____, 20 ____ until _____, 20 ____
Month Year Month Year

DIRECTION OF GIFT

Your generous donation will be allocated to the areas of greatest need. This includes the following:

School Programs - donations enhance programming offered to current students

Mother Marie Rose Bursary Fund - donations assist qualified students with tuition funding

Deo Gratias Fund - donations provide non-tuition financial assistance to students in need

Capital Asset Fund - donations provide for on-going maintenance and enhancement of our historic facility and campus

ACKNOWLEDGEMENT INFORMATION

Please use the following name(s) in all acknowledgements:

I(we) wish to have our gift remain anonymous

Signature(s) _____ Date _____

If you are unable to e-sign, please print, sign and return the completed form by mail or email.

We look forward to sharing the impact your donation has had on our students and community!

*Donation receipts are issued for donations of \$20.00 or more.