



Donor Information (please print)

Name _____

Address _____

Phone _____

Email _____

Pledge Information

I (we) pledge a total of \$_____ to the **Legacy & Hope Campaign** in support of the Mother Marie Rose Bursary Fund

Payment Information (please select one of following options)

I (we) enclose a one-time

I (we) will contribute over time, beginning on _____

Monthly

Quarterly

Semi-Annually

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

cheque enclosed or credit card

Card Number _____

Expiry date ____ / ____ Cardholder Name _____

CVV (3 Digit Code): _____

Donor Wall Acknowledgement Information (for donations of \$1000+)

I (we) wish to be remembered with the following name on the **Legacy & Hope** Donor Wall:

I (we) wish to have our gift remain anonymous

Signature(s) _____ Date _____

Mail St. Mary's Academy, 550 Wellington Crescent, Winnipeg, MB R3M 0C1 or email kmoore@smamb.ca