Pre-Authorized Credit Card Pledge Agreement Form



GIFT AND DONOR INFORMATION

Yes! I'd like to support the University of Saskatchewan through my:

| Monthly Quarterly | Yearly |
|---|-------------------------------|
| Donation to: | |
| (write area(s) you wish | to support here) |
| Please charge to my credit card on the 🥖 1st OR the | 15th of the month for: |
| \$25 \$50 \$100 | Other (please specify amount) |
| Start Date: / / | End Date: / / / |
| Day / month / year I wish to make my pledge indefinitely (until cance) | |
| This donation is being made on behalf of: | An individual 🛛 🖌 A business |
| First name: | Last name: |
| Middle name: | Business name: |
| Mailing address: | |
| City : | Province: Postal code: |
| Home phone: | Business phone: |
| Email address: | |
| This is a joint gift with my spouse | |

(first name, middle name, last name)

If you choose not to be publicly recognized for your gift, we will honour your wishes. Please check any or all of the following:

Do not publish my name with regard to this gift. Do not publish my name with regard to all gifts.

Yes! I am interested in learning more about other ways I can support my university, including gifts of stock, life insurance, and bequests.

The University of Saskatchewan honours donors through invitations to special events, listings in online and print publications, and updates on the impact of your giving. We look forward to sharing our success with you!

CREDIT CARD AUTHORIZATION

I hereby authorize the University of Saskatchewan to securely store my credit card information to process my recurring donation as outlined above.

I waive my right to receive pre-notification of commencement of the transactions to my credit card as long as they are in compliance with the information I have indicated above.

I waive my right to receive pre-notification of changes to the PAC amount to be charged to my credit card where I have made the request for such change(s) to the University Relations office at the address below either verbally or in writing.

I may revoke my authorization at any time, subject to providing 10 business days notice in writing.

I have certain recourse rights if any credit card transaction does not comply with this agreement. For example, I have the right to receive reimbursement for any credit transaction that is not authorized or consistent with this PAC Agreement.

The credit card is:

| Personal (please provide cardholder name below) | | | | | | | | | | |
|---|---|--|--|--|--|--|--|--|--|--|
| Corporate (please provide business name below) | a name below) MasterCard AMEX | | | | | | | | | |
| Credit card type: 🧹 VISA 🛛 🖌 MasterCard | AMEX | | | | | | | | | |
| Name as printed on credit card: | | | | | | | | | | |
| Cardholder signature: | | | | | | | | | | |

Please complete and return this form to:

University Relations University of Saskatchewan G15 Thorvaldson Building, 110 Science PI Saskatoon SK S7N 5C9 Ph: 1-800-699-1907 OR 306-966-5195

Credit card number to be detached and destoyed once stored on Moneris Vault:

| | | | | |]-[| | | - | | |
|--------------|----|---|-----|--|-----|--|--|---|--|--|
| Expiry date: | MM | / | YYY | | | | | | | |