

PRE-AUTHORIZED DONATION FORM

CONTACT INFORMATION

First Name	Initials	Surname
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Street Address	City	Province	Postal Code
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Phone number	Email Address
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GIFT DETAILS

Amount: \$_____

Frequency: Monthly Quarterly Annually
 Withdraw funds on: the 8th the 20th Other: _____
 Designation: Annual Fund Scholarships\Bursaries Other: _____

The undersigned hereby authorizes **Acadia Divinity College** to withdraw the above designated amount at the frequency indicated. With written notice, this authorization may be cancelled at any time.

OPTION A: BANKING INFORMATION

Name of Financial Institution	Branch
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Street Address	City	Province	Postal Code
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Transit no. (5 digits)	Financial Institution no.(3 digits)	Account no.
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Signature (if a joint account that requires more than one signature, all signatories must sign)
To ensure accuracy, please attach a VOID cheque.

OPTION B: CREDIT CARD INFORMATION

Card #	CSV	Expiry date
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Name on card	Signature
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Please return completed form to:
 ACADIA DIVINITY COLLEGE, 15 University Avenue, Wolfville NS B4P 2R6.