



VILLANOVA COLLEGE

DONATION PLEDGE FORM

Donor Information (please print or type)

Name _____

Billing address _____

City, Province, Postal Code _____

Phone 1 | Phone 2 _____

Fax | Email _____

Pledge Information

I (we) pledge a total of \$ _____ to be paid in full now OR

\$ _____ semi-monthly \$ _____ monthly \$ _____ quarterly \$ _____ yearly

I (we) plan to make this contribution in the form of: cash cheque credit card Pre-Authorized Payment

Credit card type | Exp. date _____

Credit card number _____ CVV: _____

Authorized signature _____

Gift will be matched by (company/family/foundation) _____

form enclosed form will be forwarded

Acknowledgement Information

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

I (we) wish to have our gift remain anonymous.

Signature(s)

Date

Please make cheques, corporate matches,
or other gifts payable to:

St. Thomas of Villanova Catholic School
2480 15th Sideroad, King City, ON, L7B 0P5

PRE-AUTHORIZED PAYMENT FORM

This payment option requires a Canadian bank account with automatic withdrawal privileges.

Donor Name(s): _____

Pre-Authorized Debit Account Information (please attach a "VOID" cheque)

Branch Number:	_____
Account Number:	_____
Financial Institution Number:	_____
Financial Institution Name:	_____
Financial Institution Address:	_____

Terms and Conditions of Authorization (if joint account, all authorized signatures are required)

I/We hereby authorize my/our financial institution to debit my/our account indicated above according to the Capital Campaign Pledge Form attached. I/We agree to waive notice of the amount to be debited and the due date(s) of debiting.

This authorization will remain in effect until Villanova College has received written notification from me/us of its change or termination. I agree to inform Villanova College, in writing of any change in the account information at least 5 business days before the next payment due date.

I/We certify that the pre-authorized debit account information provided is accurate. I acknowledge that my financial institution is not required to verify any information contained on this form. I/We guarantee that all persons whose signature is required for completing a pre-authorized payment for the above bank account have signed this authorization.

Any delivery of this authorization to Villanova College constitutes delivery by me to the financial institution indicated on the form. I/We consent to the disclosure of any personal information that may be contained in this authorization to the financial institution, as far as it is directly related to and necessary for the proper application of this authorization.

I/We have certain recourse rights if any debit does not comply with this agreement. For more information on my/our recourse rights, I/we may contact our financial institution or visit www.payments.ca

Signature of Account Holder

Signature of Joint Account Holder

Name (Please Print)

Name (Please Print)

Date

Date

Remit to: Villanova College
Attention: Business Office
2480 15th Sideroad
King City, ON L7B 0P5
Email: billing@villanovacollege.com