



ST. FRANCIS XAVIER
UNIVERSITY

Payroll Deduction Authorization for Donations to St. Francis Xavier University

In support of St. Francis Xavier University, I (we)

pledge the amount of

\$ _____

to be directed towards:

- I wish to make contribution via payroll deduction

Please deduct \$ _____ per pay for _____ years **or** _____ until further notice

_____ *Supporters are gratefully acknowledged. If you prefer to withhold your name, please check.*

Employee Name: _____ Employee No: _____

Office Phone: _____ Email: _____

Signed: _____ Date: _____

Donations are eligible for a charitable tax receipt. Receipts will be issued in February of each year.

Please return to: Development Office
St. Francis Xavier University
PO Box 5000
Antigonish, NS B2G 2W5