

Please send completed
form to:

Advancement Office
University of King's College
6350 Coburg Rd
Halifax, NS B3H 2A1

T: 902.422.1271 ext.128
Ukings.ca/giving
Paula.Johnson@ukings.ca

NAME

ADDRESS

PROVINCE

POSTAL CODE

COUNTRY

TELEPHONE

EMAIL

I wish to support:

- ☐ Area of greatest need
- ☐ Student assistance
- ☐ Other: _____

Gift amount:

- ☐ I would like to make a one-time gift of \$ _____
- ☐ I would like to make an ongoing monthly gift of \$ _____

Payment details:

- ☐ Payment enclosed
Cheque payable to **University of King's College** (include a VOID cheque for monthly donation)
- ☐ Interac e-transfer to giving@ukings.ca
Important: In the "message" block of your e-transfer, please be sure to write where you want us to direct your gift and provide your email address so that King's can issue you with a tax receipt.
- ☐ Please charge my credit card
- ☐ Visa ☐ MasterCard ☐ American Express

CARD NUMBER

EXPIRY DATE:

CARDHOLDER NAME (PRINT)

SIGNATURE

Special instructions:

- ☐ In memory of _____
- ☐ In honour of _____

THANK YOU FOR YOUR SUPPORT!