



# Donation Form

Southern Alberta Institute of Technology  
1301 16th Avenue NW  
Calgary Alberta T2M 0L4  
T. 403.774.5214 | giving@sait.ca

## Tell us about you

Donor Name: \_\_\_\_\_

Is this a company gift?  Yes  No Company Name: \_\_\_\_\_

Acknowledgment: \_\_\_\_\_

*Name you would like to appear for donor recognition purposes or  I would like to remain anonymous*

Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone Type:  Home  Business  Cell  Other

Email: \_\_\_\_\_  I'm an Alumnus Class/Grad Yr: \_\_\_\_\_

## Tell us about your gift

**1**  
Where do you want to give?

I want to support:

- SAIT Alumni Scholarship Fund
- SAIT Student Success Fund
- Other \_\_\_\_\_

**2**  
What made you give today?

- Spoke to a caller
- Received a letter/email
- Attended an event
- Spoke to a SAIT Employee
- Alumni magazine (LINK)
- Other \_\_\_\_\_

**3**  
How much would like you to give?

I would like to make a one-time gift of: \$ \_\_\_\_\_

I would like to make an ongoing monthly donation of: \$ \_\_\_\_\_ per month  
*Payments will be processed on the 1st or 15th of each month*

I would like to make an annual gift of: \$ \_\_\_\_\_ per year for \_\_\_\_\_ years

Please send me a reminder notice for my annual gift

Cheque (payable to SAIT)  EFT (please attach a void cheque)  Visa  MasterCard

**4**  
How would you like to give?

Name (as it appears on card): \_\_\_\_\_

Card number: \_\_\_\_\_ Expiry: MM / YY

*The information on this pledge form accurately describes my charitable intent. If in the future the pledge cannot be utilized for the outlined purpose, then it may be used for another related purpose approved by the Board of Governors of SAIT. The revised purpose will fall within the general aims and objectives of SAIT while at the same time honouring my original wishes.*

*I authorize SAIT to debit my credit card or bank account in the amount indicated above. I understand that I may change or cancel the payments at any time by notifying SAIT.*

Signature: \_\_\_\_\_

## Thank You! You can also give at [www.sait.ca/donors/donate-to-sait](http://www.sait.ca/donors/donate-to-sait)

The personal information requested on this form is collected under the authority of section 33(c) of the Alberta Freedom of Information and Protection of Privacy Act. This information will be used to update and maintain donor/alumni records and will be protected under the privacy provisions of the Freedom of Information and Protection of Privacy Act. Questions concerning the collection, use or disposal of this information should be directed to: Alumni and Development, 1301 - 16 Avenue NW, Calgary, AB T2M 0L4. PH: 888.284.8399 or 403.774.5214  
FX: 403.210.4346. SAIT is a registered charitable organization. Charitable License Number: 10799578RR0001.

### Office Use Only

ID: \_\_\_\_\_  
Pledge Number: \_\_\_\_\_  
Campaign: \_\_\_\_\_  
Designation: \_\_\_\_\_