

YES! I/we would like to help create Inspiring Spaces for Westgate students.

My/our gift today is \$ _____

OPTION ① Inspiring Spaces Pledge

Make a donation: all at once or over a period of time. Your generosity will have an impact whether you give \$500 or \$50,000. If the pledge is over a period of time, please complete the chart below:

TOTAL Pledge	MONTHLY Payment	ANNUAL Payment

OPTION ② Support a Virtual Student

This option provides the opportunity for you to support Westgate in the amount of a typical annual tuition of \$7,500. You can choose to pay in monthly or annual installments.

# of Virtual Students Supported	MONTHLY Payment	ANNUAL Payment	TOTAL Pledge

Payment Options:

- Auto-Withdrawal - Form for Pre-Authorized Debits COMPLETED (see reverse...)
- Cheque or Post-Dated Cheques Enclosed...
- "Please send me ANNUAL Reminder Notices"
- E - Transfer payments will be sent to: accounting@westgatemennonite.org
- "Please contact me regarding donations of Shares or other options"

Or visit www.westgatemennonite.ca/capital-campaign to Donate Online

Name: _____ Email: _____

Home Address: _____

City: _____ Province: _____ Phone: (_____) _____ - _____

Authorized Signature: _____ Date: _____

Westgate would be pleased to include your name in our published donor lists and installations.

Please indicate your preference:

- I would like to be Recognized as " _____ "
- I/we wish to be Anonymous.

On behalf of the students and the Westgate Community

THANK YOU for your generous support.



86 West Gate, Winnipeg MB 3RC 1E2
204.775.7111
www.westgatemennonite.ca

AUTHORIZATION FOR PRE-AUTHORIZED DEBITS (PAD)

Monthly Donation



Payor/Account Holder:

Ms. Mrs. Mr.

First Name:

Last Name:

Billing Address – as per Pledge Form (see reverse...)

Address:

City:

Province:

Postal Code:

Phone number: ()

I authorize **Westgate Mennonite Collegiate** to process my Monthly Donation of \$ _____

On the 1st **OR** 15th of the month from

MMM / YYYY

until

MMM / YYYY

OR .

until further notice

Signature of Payor/Account Holder

Date

Authorization is provided for the benefit of the Payee and Processing Institution and is provided in consideration of the Processing Institution agreeing to process debits (PAD's) against the Account with Processing Institution in accordance with the Rules of the Canadian Payments Association. By signing this Authorization, the Payor acknowledges having received and having read a copy of this agreement, including the terms and conditions on page 2, acknowledges understanding the terms and conditions of this Agreement, and agrees to be bound by the terms and conditions of this Agreement, including the terms and conditions on page 2. I warrant and guarantee that the person whose signature is required to sign on the Account have signed the Authorization. I will notify the Payee by completing a new Authorization if I move my account from one bank or branch to another, or any other change to this account. ***Cancellations require 2 weeks written notice.**

*** PLEASE ATTACH A CHEQUE MARKED VOID TO THIS FORM ***