

# WOMEN'S WALL OF HONOUR

An initiative of Mount Saint Vincent University

*The Riva Spatz Women's Wall of Honour provides a space to acknowledge the hard work and determination of women everywhere. Your gift helps us deepen our roots, supporting inspiring women everywhere.*

Please return to:

Erin Patrick

Mount Saint Vincent University

University Advancement

Halifax NS B3M 2J6

Phone: 902.457.6470

Fax: 902.445.3962

Email: erin.patrick@msvu.ca

I, \_\_\_\_\_, pledge \$1,200 to add my name to the Riva Spatz Women's Wall of Honour, supporting and strengthening women everywhere.

Name as it will appear on the wall: \_\_\_\_\_

I/We, \_\_\_\_\_, pledge \$1,200 to celebrate the following woman on the Riva Spatz Women's Wall of Honour:

Name as it will appear on the wall: \_\_\_\_\_

This leaf is:  In honour  In memory

\* Please note, the maximum number of characters per leaf is 32.

Please notify my honouree or their family, *where applicable*

yes  no

Relationship to honouree: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name : \_\_\_\_\_ Email: \_\_\_\_\_

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

City: \_\_\_\_\_ Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

\* Please complete separate forms, if honouring more than one person.

**Gift/Pledge (each leaf on the Women's Wall of Honour is \$1,200)**

- One time gift: \_\_\_\_\_
- A monthly contribution will be disbursed in the following manner:  
\$\_\_\_\_\_ per month for #\_\_\_\_\_ months for a total of \$\_\_\_\_\_

**Method of payment**

- Cheque(s) made payable to Mount Saint Vincent University

- Credit card       Visa       Mastercard

Card # \_\_\_\_\_

Exp: \_\_\_\_\_

Name of the cardholder \_\_\_\_\_

- Electronic Funds Transfer (Please provide voided cheque)

- I authorize Mount Saint Vincent University to make automatic withdrawals from my account, as noted above

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

Date: \_\_\_\_\_

**Donor Intent**

All gifts are gratefully received and will be recognized in the Mount's donor listings. If you do not wish to have your name published in the listing, please check here:   

**Donor Details**

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

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

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: (    ) \_\_\_\_\_ E-mail: \_\_\_\_\_

Mount Graduate:  no     yes    Class of \_\_\_\_\_

*Thank you for your support*

