



ST. THOMAS MORE COLLEGE  
UNIVERSITY OF SASKATCHEWAN

**SINGLE USE PRE-AUTHORIZED CREDIT CARD PAYMENT FORM**

*Please fax your donation to: (306) 966-5791*

Name:		
Address:		
City:	Province:	Postal Code:

<b>CREDIT CARD INFORMATION - AUTOMATIC WITHDRAWAL</b>															
Credit Card Type:    ___ VISA    ___ MASTERCARD    ___ AMEX															
Credit Card Number:															
Credit Card Expiry Date		Month:								Year:					

I/We hereby authorize St. Thomas More College to debit my/our credit card account indicated above, in the amount of \$\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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**FOR OFFICE USE ONLY:**

Date Pre-Authorized Payment Form received in Accounting \_\_\_\_\_

Date Notification Letter received from Development \_\_\_\_\_

Date Pre-Authorization Processed \_\_\_\_\_ Processed By \_\_\_\_\_