



**ST. THOMAS MORE COLLEGE**  
UNIVERSITY OF SASKATCHEWAN

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

*Please mail your donation to:  
St. Thomas More College  
1437 College Drive  
Saskatoon, SK S7N 0W6*

Name:		
Address:		
City:	Province:	Postal Code:

CREDIT CARD INFORMATION - AUTOMATIC WITHDRAWAL														
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 \_\_\_\_\_

**FOR OFFICE USE ONLY:**

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

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

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