



CNA Scholarship and Bursary Fund Pledge Card

- Yes, I am pleased to participate in the CNA Scholarship and Bursary Fund**
 Please do not include my name in the published donor list
(check here if applicable)

Contact information

title	first name	middle initial	last name
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campus	job title
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work telephone	work email address
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employee number _____

Method of Payment

Payroll deduction

\$5 \$10 \$15 other \$_____ per pay period starting date: _____ and
ending date: _____ or ending upon request

Credit Card Visa MasterCard
card number _____ expiry date _____

Cheque (enclosed) payable to College of the North Atlantic please enclose pledge card

Signature _____ Date _____

thank you

Return completed pledge card to Office of Alumni & Advancement, room A203,
1 Prince Philip Drive, PO BOX 1693, St. John's NL A1C 5P7 or fax 758-7222

