



# DONATION PLEDGE FORM

## PERSONAL INFORMATION

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone (Home): \_\_\_\_\_ (Cell/Work): \_\_\_\_\_

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

Address: \_\_\_\_\_  
Street City/Province Postal Code

Did you graduate from the University of Alberta?  Yes  No

If yes, please indicate the degree(s) and year(s).

## GIVING OPTIONS

One-Time Gift of

\$500  \$250

\$100  \$ \_\_\_\_\_

Cash

Cheque (payable to "University of Alberta")

Credit

Monthly Gift of

\$50  \$25

\$10  \$ \_\_\_\_\_

BY CREDIT:

Beginning (mm/yy) \_\_\_\_\_ until I indicate otherwise.

Beginning (mm/yy) \_\_\_\_\_ and ending (mm/yy) \_\_\_\_\_

### Donations made by CREDIT:

Visa  Mastercard  AMEX Card #: \_\_\_\_\_ Expiry: \_\_\_\_\_

Cardholder's name: \_\_\_\_\_ Cardholder's Signature: \_\_\_\_\_

## WHAT TO SUPPORT

Department of Drama Fund

Studio Theatre Endowment Fund

Drama Student Emergency Endowment Fund

Other \_\_\_\_\_

## DONOR RECOGNITION

Please acknowledge this as a gift from: \_\_\_\_\_  
Print Name(s)

I do not wish to have my name included in any University of Alberta donor recognition programs.

Charitable Tax Receipt Required:  Yes  No

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

The personal information requested on this form is collected under the authority of Section 33 (C) of the Alberta Freedom of Information and Protection of Privacy Act for the purpose of raising philanthropic support for The University of Alberta. Questions concerning the collection, use or disposal of this information should be directed to: FOIPP Liaison Officer, University of Alberta, 3-501 Enterprise Square, 10230 Jasper Avenue, Edmonton, AB T5J 4P6 ph: (780) 492-8225. Charitable registration # is 108102831RR0001.