



Return completed form via campus mail to:

Office of Advancement

3-501 Enterprise Square, 10230 Jasper Ave NW

Phone: 780-492-7587 Fax: 780-492-1862 Email: [annual.giving@ualberta.ca](mailto:annual.giving@ualberta.ca)

DONOR INFORMATION		
First Name	Last Name	Employee ID Number
Position	Faculty/Department	
Campus Address		Postal Code
Work Telephone	Work Email	Work Fax

DONATION SCHEDULE	
Type of Payment <input type="checkbox"/> Cash (do not send by mail) <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Cheque (payable to University of Alberta) (enclosed) <input type="checkbox"/> Credit Card <input type="checkbox"/> EFT (Electronic Funds Transfer) (attach void cheque)	
Donation Amount (one time or monthly amount) \$ _____	
Frequency of Payment <input type="checkbox"/> One Time <input type="checkbox"/> Monthly	Monthly Giving ONLY – First Payment Date day / month / year
Credit Card Information (if applicable) <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX	Credit Card Number
Name Appearing on Card	Expiry Date on Card month / year

DESIGNATED AREA OF SUPPORT
Specify Amount to the Area(s) of Support (Department or Specific Fund) <input type="checkbox"/> \$ _____ Faculty/School/Department of: _____ <input type="checkbox"/> \$ _____ University Fund (greatest needs) <input type="checkbox"/> \$ _____ Other (specify) _____

ACKNOWLEDGEMENT & INSTRUCTIONS	
My Donation Can Be Noted as <input type="checkbox"/> In Honour <input type="checkbox"/> In Memory	Name of Person(s) In Honour or In Memory
Please recognize this as donation from myself and:	Relationship
Donor Recognition <input type="checkbox"/> Include Me in Donor Recognition Programs <input type="checkbox"/> I Prefer to Remain Anonymous	
I would like information about leaving a legacy to the U of A in my estate through: <input type="checkbox"/> A Bequest in My Will <input type="checkbox"/> Donation of Securities <input type="checkbox"/> Life Insurance <input type="checkbox"/> Other (specify) _____	

PLEDGE	
<b>I pledge to donate to the University of Alberta the donation(s) listed above in the time and form specified.</b>	
Donor – Signature	Date day / month / year

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* and will be protected under Part 2 of that Act. It will be used for the purpose of documenting the pledge summarized above. Direct any questions about this collection to: FOIPP Liaison Officer, Office of Advancement, 3-501 Enterprise Square, 10230 Jasper Ave NW, Edmonton, AB T5J 4P6, 780-492-8225. Charitable Registration No. 108102831RR0001