



# Thank you for your gift!

Gifts can be made online at [istar.ualberta.ca](http://istar.ualberta.ca) or by completing this form.

## 1. Your contact information:

Name \_\_\_\_\_ Home address \_\_\_\_\_

City \_\_\_\_\_ Prov. \_\_\_\_\_ Postal code \_\_\_\_\_

Email \_\_\_\_\_ Cellphone \_\_\_\_\_

I'm a U of A  Donor  Staff  Alumnus/a \_\_\_\_\_ (Year of Graduation / faculty / School)

## 2. Please specify the fund you would like to support:

ISTAR Edmonton      ISTAR Client Assistance Program

ISTAR Calgary      ISTAR Client Support Fund

Dr. Einer Boberg Memorial Endowment

Undesignated donations will be allocated to the University of Alberta's University Fund. Donations made to endowment funds are invested in perpetuity. Investment earnings are used to advance the specific purposes of the fund.

## 3. Please specify your pledge amount:

One-time/Immediate gift

\$50     \$100     \$250     Other \$ \_\_\_\_\_

Monthly gift\*

\$5     \$10     \$25     Other \$ \_\_\_\_\_

Ongoing OR  Number of payments \_\_\_\_\_

## 4. Payment method:

One-time gift by cheque to: University of Alberta - ISTAR

Recurring bank withdrawal (void cheque required)

Credit card (monthly gift, one-time gift)

VISA     MasterCard     American Express     Union Pay

Name on card \_\_\_\_\_

If corporate card, company name \_\_\_\_\_

Credit card # \_\_\_\_\_

Expiry \_\_\_\_\_

## 5. Memorial/Tribute gift (optional):

My gift is in  honour/  memory of:

Full name \_\_\_\_\_

If in memory of, name of the next of kin (if known) \_\_\_\_\_

Address of honouree/next of kin (if known) \_\_\_\_\_

The University of Alberta will send a notification of your gift to the honouree or next of kin, providing your name and address. The amount of your gift will not be included. If you do not want to notify the honouree or next of kin, please check the box below:

Please do not provide notification of my tribute gift.

## 6. Donor recognition (optional):

The University of Alberta may produce materials that publicly recognize and celebrate donors. If you do not wish to have your gift publicly recognized, choose one of the following:

Do not publish name or amount — make this gift anonymous

Publish name but not amount

## 7. I would like more information on (optional):

Establishing a named scholarship or bursary

Donating securities

Remembering the University of Alberta in my will

I have already included the University of Alberta in my will, but had not previously informed you.

## 8. I have reviewed the information on this form and confirm it is accurate.

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

*\*The University will begin charging payments in the next payment cycle. Recurring bank withdrawals will be processed on the first business day of the month; recurring credit card payments will be processed on the 20th day of the month. These can be cancelled at any time by calling us at 780-492-7587.*

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 alumni, donor engagement and philanthropic activities. Questions concerning the collection, use or disclosure of this information should be directed to the FOIP Liaison Officer, Office of the Vice-President (External Relations), University of Alberta, 3-501 Enterprise Square, 10230 Jasper Avenue, Edmonton, AB, T5J 4P6, (780) 492-7400. Charitable Registration #10810 2831 RR0001.