

# Gift Form



**Please complete and return form to:**  
University of Lethbridge, University Advancement,  
A735 University Hall, 4401 University Drive,  
Lethbridge, AB T1K 3M4  
Phone: 403-329-2582 | Fax: 403-329-5130  
[advancement@uleth.ca](mailto:advancement@uleth.ca) | [www.uleth.ca/advancement](http://www.uleth.ca/advancement)

## PERSONAL INFORMATION (please print)

Name: \_\_\_\_\_  
(Only one donor's name can appear on tax receipt.)

Affiliation: \_\_\_\_\_  
(Please list any/all of your affiliations. i.e. Faculty, Staff, Alumni, Board, Senate, Retiree)

Address: \_\_\_\_\_  
\_\_\_\_\_

Donor Recognition: \_\_\_\_\_  
(Name(s) you would like to appear for recognition purposes.) OR  We/I would like to remain anonymous.

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

## GIFT DESIGNATION

- |  |   |
|--|---|
| <input type="checkbox"/> Faculty of Arts & Science Annual Fund                                       | <input type="checkbox"/> Faculty of Education Annual Fund       |
| <input type="checkbox"/> Faculty of Fine Arts Annual Fund  | <input type="checkbox"/> Faculty of Health Sciences Annual Fund |
| <input type="checkbox"/> Faculty of Management Annual Fund   | <input type="checkbox"/> School of Graduate Studies Annual Fund |
| <input type="checkbox"/> Scholarships  | <input type="checkbox"/> Bursaries                              |
| <input type="checkbox"/> I have made or would like to make provisions in my will for the U of L      |   |
| <input type="checkbox"/> Other _____ (please specify or call 1-866-552-2582 to discuss your options) |   |

## GIFT

We/I wish to contribute:

- Ongoing monthly gift of \$ \_\_\_\_\_ commencing \_\_\_\_/\_\_\_\_ (mm/yy) for \_\_\_\_\_ months.  
 Ongoing annual gifts of \$ \_\_\_\_\_ commencing \_\_\_\_/\_\_\_\_ (mm/yy) for \_\_\_\_\_ years.  
 One time gift \$ \_\_\_\_\_

Method of payment:

- Cheque(s) payable to the "University of Lethbridge"  
 Monthly Payroll Deduction (available to U of L Faculty/Staff only)  
 Monthly Electronic Funds Transfer (see instructions below)  
 Credit Card:  MC  VISA Card No. \_\_\_\_\_ Expiry Date: \_\_\_\_/\_\_\_\_ (mm/yy)  
 Online at [bitly.com/ULethbridgeGiving](http://bitly.com/ULethbridgeGiving)

## AUTHORIZATION

I understand that at any time I may change or cancel authorization (30 days notice). I hereby authorize the University of Lethbridge to:

- automatically deduct monthly donations from my payroll earnings:  
U of L ID#: \_\_\_\_\_  
 automatically debit my financial institution account, on the 15<sup>th</sup> of every month, in the amount specified above.  
(Please attach a VOID cheque to this form.)  
 charge my credit card according to the amount designated above.

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

Thank you for your gift! Charitable Reg. No. 11927 9248 RR0001

The personal information you provide in this pledge form is being collected in accordance with FOIPP guidelines for the purposes of fundraising, donor relations, internal auditing procedures and other activities necessary to conduct the business of the office of University Advancement at the University of Lethbridge.