

UNIVERSITY OF
WATERLOO



SCHOOL OF OPTOMETRY
& VISION SCIENCE

THIS PLEDGE made this _____ day of _____, 20_____

Name: _____

Residing at (address): _____

Email address: _____

DESIGNATION

I (We) am (are) pleased to make a gift* of \$_____ pledged over ____ years, to support the Waterloo Eye Institute in the School of Optometry & Vision Science.

OR

I would like to designate my gift* to: _____

*If this gift is over \$25,000, please contact Andrea at 519-888-4567 x.36319 or acarthew@uwaterloo.ca

FINANCING (Pledge reminders will be sent in the month preceding)

This is a one-time gift of: \$_____

The gift will be provided according to the following schedule:

Date (mth/yr)	Amount	Date (mth/yr)	Amount
YEAR ONE	\$	YEAR TWO	\$
YEAR THREE	\$	YEAR FOUR	\$
YEAR FIVE	\$		\$

RECOGNITION

I/We would like to be recognized as a donor in any printed material as follows:

I/We would like my/our gift to remain anonymous.

SPECIAL DETAILS & REQUESTS

- I have made provisions for the University of Waterloo through a bequest in my will or other asset.
- I am interested in information about bequests and legacy giving.
- My gift will be matched by my employer.
- Other: _____

METHOD OF PAYMENT

- My cheque(s), payable to the University of Waterloo, is/are enclosed. (Please enclose all post-dated cheques.)
- Pre-Authorized Debit (PAD) agreement.* (Please enclose a void cheque.)

Signature: _____

- I prefer to give by credit card.

NOTE: New security protocols no longer allow us to accept credit cards by mail. We will be in touch prior to the first scheduled payment to arrange details.

Signature: _____ Date: _____

The terms and conditions will be protected, used, and released in compliance with Ontario's Freedom of Information and Protection of Privacy Act and the University of Waterloo's policies. Exemptions from disclosure will be limited and may involve personal information or information which could harm the University's economic interests. In the event of a request for information contained herein the University will consult with the donor(s) to assess whether any parts should be withheld from disclosure.

*I may revoke my authorization at any time, subject to providing notice of 30 days. I have certain rights if any debit does not comply with this PAD agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this agreement. To obtain more information on my recourse rights, to obtain a cancellation form, or for more information on my rights to cancel a PAD agreement, I may contact my financial institution or visit cdnpay.ca.

THANK YOU FOR YOUR SUPPORT!

Charitable Registration Number: 11926 0685 RR0001

Please return this form in confidence to: OR **Make your gift online at:**

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