

DONATION FORM – Tom Dabrowski Impact Award

I am pleased to donate to **St. Paul's University College** a total amount of \$ _____ designated to the:
Tom Dabrowski Impact Award

Gift Details

__ I wish to make a **one-time** gift of \$ _____

__ I wish to make a **pledge** contributing annually for _____ year(s)

My yearly contribution will be \$ _____ for a total pledge of \$ _____

__ I wish to make a **pledge** contributing monthly for _____ months

My monthly contribution will be \$ _____ for a total pledge of \$ _____

Contact Information

First Name _____ Last Name _____

Address: _____ City: _____

Prov/State: _____ Country: _____ Postal/Zip Code: _____

Preferred Telephone: _____ E-Mail: _____

Recognition Information

Your contribution may be noted in recognition vehicles produced by St. Paul's and University of Waterloo, such as donor listings. *If you would like your gift to remain anonymous please check

Payment Options

Option A: Enclosed is my cheque for \$ _____ payable to **St. Paul's University College**.

Option B: I wish to donate by credit card: Visa / Master Card / Amex (circle one)

Card Number: _____ Expiry: ____ / ____ (MM/YY)

Name as it appears on card: _____

I authorize a single payment in the amount of \$ _____ OR

I authorize monthly installments in the amount of \$ _____ Beginning ____ / ____ (MM/YY)

For a total of **12 / 24 / 36 / 48** months (circle one) **Other:** _____ months

I wish for my contribution to be processed on the **1st / 15th** day of the month (circle one)

Signature: _____ Date: _____

If you have any questions or wish to pay by credit card over the phone, please contact Stephen Loo, Alumni Relations Officer at 519-885-1460 ext 25233. Otherwise, please complete this form and return to:
St. Paul's University College (Attn. Stephen Loo)
190 Westmount Road N., Waterloo, ON, N2L 3G5
Fax: 519-885-6364, email: s3loo@uwaterloo.ca