

DONATION FORM

Please complete this form and mail or fax it to:

Office of Development
University of Waterloo
200 University Avenue West
Waterloo, Ontario, Canada N2L 3G1
Fax: 519-746-8932

* indicates a required field

STEP 1: PERSONAL INFORMATION

Prefix: Mr. Mrs. Ms. Dr. If other, please specify

*First Name Middle Initial

*Last Name

*Street Address (to mail tax receipt)

*City

*Province/State/Region

*Postal/Zip Code

*Country

*Email

*Home Phone

Name of Company

Job Title

Business Phone

Affiliation to Waterloo: (please check all that apply)

Current Waterloo Student If yes, student number

Graduate of Waterloo If yes, student number

Parent of Student or Graduate If yes, student's name(s) and program(s)

Faculty, Staff, Retiree, or Board Member

Friend of Waterloo

STEP 2: GIFT DETAILS

*I'd like to make a new gift a payment on an existing pledge

*Currency Cdn funds US funds Transactions are converted to Canadian currency

One-Time Gift \$

Monthly Gift \$ per month until notified OR starting: mth year ending: mth year

Annual Gift (for the next three years) \$ per year

The company I work for (see above) matches charitable donations made by its employees. Yes No

Find out if your employer matches donations at www.matchinggifts.com/canada/uwaterloo

In Honour of

In Memory of

I would like to remain anonymous.

STEP 3: GIFT DESIGNATION

- I wish to support the university's highest priorities (unrestricted support).
- I wish to support a project or program in a specific faculty, school, college, or elsewhere on campus.

Learn about Waterloo's priority projects at www.development.uwaterloo.ca/priorities

Please indicate the amount you would like to give to one or more areas:

Amount	Designation
\$ <input type="text"/>	<input type="text"/>
\$ <input type="text"/>	<input type="text"/>
\$ <input type="text"/>	<input type="text"/>

STEP 4: PAYMENT OPTIONS (please check one)

- Cheque (payable to the University of Waterloo)
- Credit Card Pre-authorized monthly credit card payments

*Card Type: (please check one) American Express MasterCard Visa

*Card Number *Expiration Date mth year

*Name on Card

- Payroll or pension deduction (for Waterloo staff, faculty, and retirees ONLY.)

starting: mth year ending: mth year OR until notified

Please deduct \$ per pay.

Signature

THANK YOU

- I have made provisions for Waterloo in my will or through an insurance policy.
- Please send me information on future gifts/bequests to Waterloo.

As a Waterloo graduate, I would like to:

- learn more about alumni services available to me.
- receive the alumni monthly e-newsletter.

Questions?

Email: annualgiving@uwaterloo.ca

Phone: 1-800-408-8715

Fax: 519-746-8932

We sincerely appreciate your contribution to the University of Waterloo.
Together, we are building a brighter future for Canada and the world.

UNIVERSITY OF
WATERLOO