



Please complete this form and mail or fax it to:

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

STEP 1: PERSONAL INFORMATION

* indicates a required field

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

Ongoing Monthly Gift \$ per month*

One-Time Gift \$

*Please contact us to cancel or change your monthly gift.

The company I work for (see above) matches charitable donations made by its employees. Yes No
Find out if your employer matches donations at matchinggifts.com/canada/uwaterloo.

In Honour of

In Memory of

A donor's name and/or address may be shared with next of kin, a family representative or the individual/s being honoured, unless otherwise specified (e.g. name only).

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.

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

Amount	Area of Support
\$ <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

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

Card Number **Expiration Date** mth year

Name on Card **CVV Number**

Signature

Pre-authorized debit (PAD)* agreement (please enclose a void cheque)

Signature

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

Please deduct \$ per pay.**

Signature

Monthly gifts made by credit card and pre-authorized debit will be deducted on the first business day of each month.

LEAVE A LEGACY

The Laurel Society honours those who have decided to leave a legacy at Waterloo.

- I am pleased to inform you I have made provisions for Waterloo through a bequest in my will or through another asset (e.g. life insurance)
- Please send me information on bequests and legacy giving.

ARE YOU A WATERLOO ALUMNUS?

As a Waterloo graduate, I would like to:

- Learn more about alumni services available to me.
- Receive the alumni monthly e-newsletter.

THANK YOU FOR YOUR GIFT!

Questions?

Email: annualgiving@uwaterloo.ca

Phone: 1-800-408-8715

Fax: 519-746-8932

* 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 (e.g. 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.

** Please contact us to cancel or change your monthly gift.

At Waterloo, we respect your privacy and keep your information strictly confidential. Read our privacy policy at uwaterloo.ca/support/privacy-policy. A tax receipt will be mailed to you once your donation is processed. Donations qualify for income tax credits. Charitable Registration No. 119260685RR0001