

# YES! I SUPPORT THE UNIVERSITY OF WINNIPEG



UNIVERSITY OF WINNIPEG  
**FOUNDATION**

## Direct My Gift To

- THE UWRA BURSARY FUND
- THE UWRA SCHOLARSHIP FUND
- OTHER \_\_\_\_\_  
(Insert: Name of Faculty or Department or Unit or Program)

## Contact Information

Full Name : \_\_\_\_\_  
Address: \_\_\_\_\_  
City/Prov : \_\_\_\_\_  
Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

## Gift Amount

- One-time gift:                   \$ \_\_\_\_\_
- Monthly continuous gift:       \$ \_\_\_\_\_  
    Beginning on: (mm/yyyy)    \_\_\_\_\_
- Ending on: (mm/yyyy)        \_\_\_\_\_
- Total gift amount:           \$ \_\_\_\_\_
- Yearly continuous gift:         \$ \_\_\_\_\_  
    Beginning on: (mm/yyyy)    \_\_\_\_\_
- Ending on: (mm/yyyy)        \_\_\_\_\_
- Total gift amount:           \$ \_\_\_\_\_

**Thank you for your support!**

## Complete and return this form to:

The University of Winnipeg Foundation  
901-491 Portage Avenue  
Winnipeg, MB, Canada R3B 2E4

**P** 204.786.9995

**TF** 1.866.394.6050

**F** 204.775.2356

**uwinnipeg.ca/foundation**

**Charitable Registration #: 865171045RR0001**

## Select a Payment Option

- Cheque  
(Payable to The University of Winnipeg Foundation Inc.)
- Visa    Mastercard    Amex
- Card No: \_\_\_\_\_
- Expiry: \_\_\_\_\_
- Pre-authorized debit (Please include voided cheque.)
- Payroll deduction  
(UWinnipeg employees only. Based on 26 pay periods.)

Pre-authorized debit donations are processed on the 1st of the month or the closest business day to the 1st .  
Pre-authorized credit card donations are processed on the 15th of the month, or the closest business day to the 15th.  
Annual credit card payments are processed in the anniversary month of the pledge, as indicated in the above section.

This donation is made on behalf of:

- an individual                    a business

Signature \_\_\_\_\_

Date \_\_\_\_\_

## Planned Giving

- I would like to receive a phone call to discuss Planned Giving
- I have remembered The University of Winnipeg in my will

## Employee Matching Program

- My Employer will match my gift

Employer: \_\_\_\_\_

I may revoke my authorization at any time, subject to providing notice of two weeks. To obtain a sample cancellation form, or for more information on my right to cancel a PAD Agreement, I may contact my financial institution or visit [www.cdnipay.ca](http://www.cdnipay.ca).

I have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit [www.cdnipay.ca](http://www.cdnipay.ca).

The information you are providing to us is collected and maintained by The University of Winnipeg Foundation in accordance with the applicable privacy laws and for the purposes of communication, advancement and development efforts.