

YES! I SUPPORT THE UNIVERSITY OF WINNIPEG

UNIVERSITY OF WINNIPEG

FOUNDATION

Direct My Gift To

- The Opportunity Fund
- Work Integrated Learning Programs
- Library Capital Campaign
- 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: \$ _____

Per pay period \$ _____

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: \$ _____

Select a Payment Option

Cheque
(Payable to The University of Winnipeg Foundation Inc.)

Visa Mastercard Amex

Card No: _____

Expiry: _____ CCV: _____

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: _____

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

Thank you for your support!

CC19

The Foundation is pleased to introduce a new environmentally friendly investment option for donors to direct their endowment gifts, the Jarislowsky Fraser Fossil Fuel Free Fund. Contact us for more information.

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.cdnpay.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.cdnpay.ca.

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