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UNIVERSITY OF WINNIPEG

FOUNDATION

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- The University of Winnipeg Library Campaign
- Work Integrated Learning Programs
- The Opportunity Fund
- Other _____

(Insert: Name of Faculty or Department or Unit or Program)

Contact Information

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One-time gift: \$ _____

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(Payable to The University of Winnipeg Foundation Inc.)

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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 .

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This donation is made on behalf of:

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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

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Thank you for your support!

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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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