

YES! I SUPPORT THE COLLEGIATE

Direct My Gift To

- Millennium Entrance Scholarships
- Continuing Student Scholarships
- The Model School
- Area of Greatest Need
- 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!

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.

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.