

**Caller's Name:** First \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last \_\_\_\_\_

**UIN: (if available)** \_\_\_\_\_

**Address:** \_\_\_\_\_  
 \_\_\_\_\_

**Ph:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

- Direction:**
- |   |   |   |
|---|---|---|
| <input type="checkbox"/> My College       | <input type="checkbox"/> Companion Animal Fund  | <input type="checkbox"/> Equine Health Research |
| <input type="checkbox"/> Centennial Fund  | <input type="checkbox"/> President's Fund       | <input type="checkbox"/> University Library     |
| <input type="checkbox"/> Huskie Athletics | <input type="checkbox"/> Other (specify): _____ |   |

**Donation Amount \$** \_\_\_\_\_

**Credit Card Payment:**  Visa  MasterCard  American Express

\_\_\_\_\_ Expiry Date: \_\_\_\_/\_\_\_\_ (month/year)

- This will be a:**
- 
- One-time gift
- 
- 
- Monthly gift of \$ \_\_\_\_\_ for \_\_\_\_\_ months.
- 
- 
- Annual gift of \$ \_\_\_\_\_ for \_\_\_\_\_ years.

**Name as shown on card:** (If different than caller's name) \_\_\_\_\_ Corporate Card? Yes  No 

If Yes, please provide the name of the company:

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Ph: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Please indicate the wishes regarding published recognition of the donation:**

- 
- Caller gives permission for name to be published
- (In recognition of gift, the U of S is proud to honour donors through invitations to special events, listings in online and print publications, and updates on the impact of the gift to the university.)*
- 
- 
- Caller prefers to remain anonymous with regards to this gift
- 
- 
- Caller prefers to remain anonymous with regards to all gifts

**Is this a Memorial or In Honour Gift?**  Yes  No

**In Memoriam and In Honour Giving**

Memorial contributions in memory of a friend, associate, loved one, or animal who have passed away.

In Memory of: \_\_\_\_\_

 Permission to release donors name and address to the family/owner? Yes  No 

 Acknowledgements are to be sent to: *(mailing address of the family/owner)*  
 \_\_\_\_\_  
 \_\_\_\_\_

 Recognition name *(if different from card holder):* \_\_\_\_\_

**Comments:** \_\_\_\_\_  
 \_\_\_\_\_

**OFFICE USE ONLY**

Taken By: \_\_\_\_\_ Date Received: \_\_\_\_\_