



YES, I WANT TO HELP STUDENTS SUCCEED RIGHT NOW!

Give online at donate.usask.ca/students
or contact us at 1-800-699-1907

I'd like to donate:

Monthly gift:

Starting 1st or 15th of _____ (Month)

\$15/month \$25/month

\$35/month Other \$ _____/month

Monthly gifts will continue until I request a change.

A gift today of:

\$100 \$250 \$500

Other \$ _____

I'd like to give by:

Cheque or money order (payable to University of Saskatchewan)

Pre-authorized debit (please sign reverse and attach a VOID cheque)

Credit card donations

Your security is important to us!

Give online with your credit card at give.usask.ca/students as we can no longer accept card numbers through the mail.

I'd like to receive all charitable receipts by:

Mail Email

Email address: _____

I'd like my gift to support students through:

My college: _____

Nasser Family Emergency Student Trust
(Crisis support – medical, financial, family)

Resilience Bursary
(Students with mental illness – financial need)

Resilience Scholarship
(Students with mental illness – academic excellence)

USask Centennial Fund
(Financial need and academic excellence—all programs)

University Library

Huskie Athletics

Other area (please specify): _____

Gift recognition

My preferred published name: _____

This is a joint gift with: _____

We will honour your preference if you choose not to be publicly recognized for your gift. Please do not publish my name with regard to: **This gift** **All gifts**

Legacy giving

Are you interested in learning more about leaving a gift in your Will or estate plan to support students or research at the University of Saskatchewan? Yes

Match your gift

Some employers match their employees' gifts to charitable organizations like USask. Visit usask.ca/matchyourgift for more information.

Yes, I would like to use debit for my donation

Please sign this Pre-Authorized Debit (PAD) form and attach a VOID cheque.

New legislation from the Canadian Payments Association requires the University of Saskatchewan to seek express permission from donors to debit their account for the donation outlined above without providing notification of each transaction. Please review the terms below and sign and date your agreement to these terms.

- I waive my right to receive pre-notification of commencement of the debits to my account as long as they are in compliance with the information I have indicated above.
- I waive my right to receive pre-notification of changes to the PAD amount to be deducted from my bank account where I have made the request for such change(s) to the University Advancement Office at the address below either verbally or in writing.
- I may revoke my authorization at any time, subject to providing 10 business days' notice in writing. To obtain a sample cancellation form, or more information on my right to cancel a PAD Agreement, I may contact my financial institution or visit 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 cdnpay.ca.

Signature: _____

Date: _____

THANK YOU FOR YOUR SUPPORT!

UNIVERSITY RELATIONS
G15 THORVALDSON BUILDING
110 SCIENCE PLACE
SASKATOON, SK S7N 5C9
306-966-5186
1-800-699-1907 TOLL-FREE

BE WHAT THE WORLD NEEDS

Canada Revenue Agency
Charitable Registration Number
11927 9313 RR0001