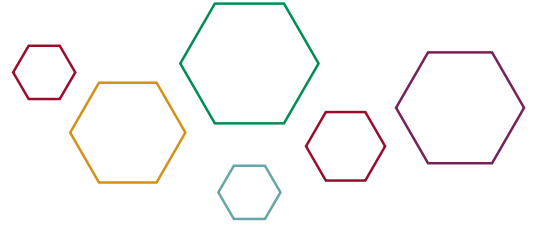


DONATION FORM

DEFY THE CONVENTIONAL

The Campaign for uOttawa



IDENTIFICATION	
CONTACT AT WORK <input type="radio"/> CONTACT AT HOME <input type="radio"/>	
Ms. <input type="radio"/> Mr. <input type="radio"/> Mrs. <input type="radio"/> Dr. <input type="radio"/> Other <input type="radio"/> _____	
FIRST NAME: _____	LAST NAME: _____
ADDRESS: _____	CITY: _____
PROVINCE: _____	POSTAL CODE: _____
TELEPHONE _____	EMAIL: _____

MY GIFT	
MONTHLY GIFT*: <input type="checkbox"/> \$15 <input type="checkbox"/> \$25 <input type="checkbox"/> \$45 <input type="checkbox"/> \$85 Other: <input type="checkbox"/> \$ _____	
ONE-TIME GIFT: <input type="checkbox"/> \$150 <input type="checkbox"/> \$250 <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 Other: <input type="checkbox"/> \$ _____	
MULTI-YEAR GIFT: \$ _____ per year for a total of _____ years <input type="checkbox"/> OR ongoing until further notice <input type="checkbox"/>	
Visa <input type="checkbox"/> OR MasterCard <input type="checkbox"/> _____ / _____ / _____ <small>CARD NUMBER</small> <small>EXPIRY DATE (MM/YY)</small>	
CARDHOLDER'S NAME (PLEASE PRINT) _____	SIGNATURE _____
PAYMENT OPTIONS: Cheque made payable to the University of Ottawa <input type="checkbox"/>	
Automatic bank withdrawal*. I've enclosed a blank cheque marked VOID. I authorize the University of Ottawa to deduct the amount specified from the account number on the cheque on the first working day of each month. <input type="checkbox"/>	
THIS GIFT IS ON BEHALF OF: a person <input type="checkbox"/> a company <input type="checkbox"/>	
SIGNATURE _____	DATE _____ <small>YEAR MONTH DAY</small>

DESIGNATION OF MY GIFT	
PLEASE ALLOCATE MY GIFT TO:	A specific Faculty/Service <input type="radio"/> (please specify): _____
	Other <input type="radio"/> (please specify): _____

MY TAX RECEIPT	
PLEASE SEND:	By email, at the address indicated above. <input type="checkbox"/>
	By postal mail, at the address indicated above. <input type="checkbox"/>
If your gift is less than \$20 and you would like a tax receipt, please check here: <input type="checkbox"/>	

* Monthly donor will receive a tax receipt at the beginning of the year for the total contributions made during the previous year. You may revoke your authorization at any time, subject to providing 15 days' notice. You have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD agreement. To obtain a sample cancellation form or for more information on your recourse rights, contact your financial institution or visit www.cdnpay.ca.

Development Office, Annual Campaign

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