

Donation Form

Personal Information

Name(with middle Initial)	Company name:
Address:	
	Postal code/zip:
Phone (day):	E-mail:
Gift Designation I wish to support the Univers	sity's highest priorities (Area of Greatest Need) ng:
Donation Details	
One time gift ☐ one-time gift in support of the	ne University of Regina in the amount of \$
Monthly Pledge commitment ongoing (until further notice	!)
OR	
Monthly donation of \$ and end	in support of the University of Regina for a total donation of \$
Annual Pledge commitment An annual donation of \$ for years, beginning in The University mails annual plea	in support of the University of Regina each year for a total donation of \$ dge reminders each year.
Gift Recognition	
☐ I agree to be recognized for	this gift as
Note: By checking this box of	mous. all gifts to the University of Regina will remain anonymous

Payment Options: (select one)		
Cash or cheque (please make cheques payable to the University of Regina)		
Automatic withdrawal (monthly donations will be specified, please attach a void cheque)	processed at the beginning of every month for the amount	
☐ Credit Card ☐ Visa ☐ MasterCard ☐	Amex	
CARD NUMBER	EXPIRY DATE (MM/YY)	
NAME ON CARD	SIGNATURE	
<u>PLEASE NOTE</u> : For your protection, we cannot accept credit card in below, donate online at https://giving.uregina.ca/make-a-gift , or phone	formation by email. Please submit this form in person, by mail to the address 306-585-4024 (1-877-779-4723).	
We will contact you to obtain your credit card CVV number in order t	o process your credit card donation.	
Authorization:		
Signature:	Date:	

Thank you for your support of the University of Regina

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