UNIVERSITY OF SASKATCHEWAN

■ **Advancement and Community Engagement**
University of Saskatchewan
G16 Thorvaldson Building, 110 Science Place
Saskatoon, Saskatchewan, Canada
S7N 5C9

■ **give.usask.ca**
Email: giving@usask.ca
Phone: 306-966-5186
Fax: 306-966-5571

Canada Revenue Agency
Charitable Registration Number
11927 9313 RR0001

YES! I WISH TO SUPPORT THE UNIVERSITY OF SASKATCHEWAN

I'D LIKE TO MAKE A GIFT OF:

❑ $50 ❑ $100 ❑ $250 ❑ $500
❑ $1000 ❑ $5000 ❑ Other $ _____

THIS WILL BE A:

❑ One-time gift
❑ Monthly gift of $ _____ for _____ months
❑ Annual gift of $ _____ for _____ years

I'D LIKE TO GIVE BY:

❑ Cheque or money order
(made payable to the University of Saskatchewan)

❑ VISA, MasterCard or American Express*

❑ Post-dated cheques
(for monthly gifts only)

❑ Pre-authorized debit*

** Please see right for details*

Give online now at **www.usask.ca/givenow**
or phone **1-800-699-1907 (toll free outside of Saskatoon)**
Questions? Email: **giving@usask.ca**

I'D LIKE MY GIFT TO SUPPORT:

❑ My college (please name): _____
❑ The Centennial Fund (general scholarships and bursaries)
❑ The President's Student Experience Fund
(extra curricular learning opportunities for students)
❑ Other (please specify): _____

CREDIT CARD PAYMENT:

Card Expiry Date: _____ /_____ (month/year)

❑ VISA ❑ MasterCard ❑ American Express

Name as shown on card: _____

Cardholder signature: _____

Is this a corporate credit card? ❑ Yes ❑ No

If yes, please provide the name of the company: _____

Date: _____

PRE-AUTHORIZED DEBIT OPTION:

If you wish to donate through automatic withdrawals from your bank account, please complete and return a Pre-Authorized Debit (PAD) Agreement found on our website at **www.usask.ca/pad** or contact our office at 1-800-699-1907 to have the agreement mailed to you for completion.

THANK YOU!

In recognition of your gift, the University of Saskatchewan is proud to honour donors through invitations to special events, listings in online and print publications, and updates on the impact of your gift to the university.

Email address: _____

Your preferred published name: _____

This is a joint gift with: _____

Some employers match their employees' gifts to charitable organizations like the U of S. Tell us who you work for and we'll tell you if your company will match your support!

_____

If you choose ***not*** to be publicly recognized for your gift, we will honour your wishes. Please check any of the following:

Please do not publish my name with regard to: ❑ This gift ❑ All gifts

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