DONATION FORM

Name: __________________________________________
Faculty: ___________________________ Department ___________________________
Address: _______________________________________________________________
Phone: ___________________________ Email: ___________________________

As per CRA regulations, full name with middle initials and address are required for issuance of a tax receipt.
Middle initial: _______.

Choose The Area YOU Would Like To Support

☐ Textbooks for All
☐ Area of greatest need
☐ Financial support for students ☐ Graduate ☐ Undergraduate
In the Faculty of: ___________________________
☐ Faculty/School Priority: ___________________________
☐ I prefer to give to: ___________________________
☐ I wish to give to an existing pledge or award ___________________________

Please provide name of existing gift or award

Make a secure online gift now by visiting giving.uregina.ca/bhgive

I would like to:
Give Through Payroll Deduction

I would like to give $ ____________/pay period through bi-weekly payroll. Pay date to start: ___________
Payroll donations can be made online at: giving.uregina.ca/bhgive

Make An Inspiring One-time Gift

I would like to make an inspiring one-time donation of $ _____________.
☐ My cheque made to the University of Regina is enclosed.
☐ OR charge my credit card below.
☐ OR use my APEA # ____________-__________.

Fund ___ Org ___

Become A Regular Donor And Make The Biggest Impact!

I will give $ ____________ ☐ 1st of month ☐ 15th of month
☐ monthly ☐ annually start date / _______ end date / _______
☐ ongoing start date: / _______

☐ I authorize the University of Regina to deduct this amount from my chequing account.
I have enclosed a blank cheque marked VOID.

OR
☐ I authorize the University of Regina to charge my credit card.
☐ Name on Card: ___________________________ Card No.: ___________________________
☐ Expiry: ___________________ (mmyy)

Today’s Date: ___________________________ Signature: ___________________________

You can change or cancel your contribution at any time by calling 306-585-4024.

We will contact you at the phone number above to obtain the CVV from your credit card.

Please return this form to University Advancement & Communications or contact Erin Werner at 306-585-5432 or erin.werner@uregina.ca.
Public Recognition of Donors To The University of Regina

Donors who have contributed a total of $1,000 or more in the current fiscal year, or $5,000 or more in total lifetime gifts receive public recognition for their remarkable leadership and generosity.

☐ I/we agree to be recognized for this gift as ____________________________
   NOTE: All previous gifts to the University of Regina will be recognized as stated above.

☐ I/we prefer to remain anonymous.
   NOTE: By checking this box all your gifts to the University of Regina will remain anonymous.

Memorable Gifts

☐ I’ve included University of Regina in my Will.
☐ Send me information on leaving a gift in my Will.
☐ Send me information on donating securities and eliminating my capital gains tax.
☐ I would like to create my own named and directed student award. We will contact you at the phone number you listed on the previous page.

Thank you for your support through Big Hearts Family Giving.

Strong internal support such as yours sends a message to the community that we are committed to the success of our students and the excellence of the University of Regina.

Your Privacy Is Very Important To Us

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