Memorial University Charitable Registration # 10769 0273 RR0001.
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Name(s):  __________________________________________________________________________________
Address:  __________________________________________________________________________________
Street                         City, province, postal code
Phone:   ______________________________            Email:  _______________________________________
Alumnus/Student:       ______________________________
  Faculty/School, Grad Year
  □ I (we) want this donation to be anonymous.

CHOOSE THE AREA YOU WOULD LIKE TO SUPPORT:

□ Financial support for students
□ Faculty/school/campus: __________________________________________
□ Where the need is greatest
□ Other:  _______________________________________________________

A. MAKE A ONE-TIME GIFT:

I (we) would like to make a gift of $ __________.
□ Visa  □ MasterCard # ___________________________ Expiry: __________ (MMYY)
□ Cheque or money order (made payable to Memorial University)
□ Shares or securities (we will contact you to provide the necessary information)

□ I (we) want this donation to be anonymous.

□ Financial support for students
□ Faculty/school/campus: __________________________________________
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□ Other:  _______________________________________________________

B. BECOME A REGULAR DONOR:

I (we) will give $ __________ □ monthly □ annually for ____ year(s).
□ Visa  □ MasterCard # ___________________________ Expiry: __________ (MMYY)
□ Bank deductions (please enclose a void cheque)

$5,000 limit for donations by credit card, please see details below.

CRA regulations require us to issue charitable tax receipts in the name of the person or company making the donation payment.

Signature:  ____________________________________________ Date: _______________________

Give online:  www.mun.ca/alumni/give
Give by phone: 709-864-4354 or toll free 1-877-700-4081
Call Kathrin Gill at 709-864-2098 or email kbgill@mun.ca.

Questions?  ____________________________________________________________________________

Mail completed form to:
Office of Development
Memorial University
PO Box 4200 STN C
St. John’s NL  A1C 5S7

Thank you for your support!

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Please send an acknowledgment of this gift to:  _______________________________________
(please include address)

Financial support for students
Faculty/school/campus:  __________________________________________
Where the need is greatest
Other:  _______________________________________________________

In an effort to limit processing fees by credit card companies, we accept credit card donations up to $5,000 per year.

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This gift is □ in memory  or □ in honour of: ____________________________________________

Please send an acknowledgment of this gift to:  _______________________________________
(please include address)

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