



# Donation Form

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_  
Street City, province, postal code

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Alumnus/Student: \_\_\_\_\_  I (we) want this donation to be anonymous.  
Faculty/School, Grad Year

## 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)

Name on card: \_\_\_\_\_

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

- Cheque or money order (made payable to Memorial University)
- Shares or securities (we will contact you to provide the necessary information)

## B. BECOME A REGULAR DONOR:

I (we) will give \$ \_\_\_\_\_  monthly  annually for \_\_\_\_\_ year(s). Start date: \_\_\_\_\_

Visa  MasterCard # \_\_\_\_\_ Expiry: \_\_\_\_\_ (MMYY)

Name on card: \_\_\_\_\_

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

- Bank deductions (please enclose a void cheque)

This gift is  in memory or  in honour of: \_\_\_\_\_

Please send an acknowledgment of this gift to: \_\_\_\_\_

\_\_\_\_\_ (please include address)

In an effort to limit processing fees by credit card companies, we accept credit card donations up to \$5,000 per year. 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](http://www.mun.ca/alumni/give)  
**Give by phone:** 709-864-4354 or toll free 1-877-700-4081  
**Questions?** Call Kathrin Gill at 709-864-2098 or email [kbjill@mun.ca](mailto:kbjill@mun.ca).

**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!*

Memorial University Charitable Registration # 10769 0273 RR0001.

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