



**University Advancement Office
Donation Form**

ENTER TOTAL DONATION AMOUNT

| | |
|--|--|
| | CDN \$ to Bishop's University Foundation Charitable Business No. 11881 0787 RR0001 |
|--|--|

| | | | |
|--------------------------|--------------------------|------------|-----------|
| One-time contribution OR | | | |
| Monthly contribution | Monthly Donation Amount: | Commencing | (mm/yyyy) |

CHOOSE A DESIGNATION

To the University's Highest Priority OR

| | |
|-----------------------|--|
| List your preference: | |
|-----------------------|--|

PERSONAL INFORMATION

The Canada Revenue Agency requires that donation receipts bear the name and address of the donor. Your receipt for tax purposes will be mailed to you shortly.

| | |
|-------------|--|
| First Name: | |
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| Last Name: | |
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|-----------------|--|
| Street Address: | |
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| City: | |
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|-----------------|------------------|--|
| Province/State: | Postal/Zip Code: | |
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| Country: | |
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| Tel (home): | Tel (work): | |
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| Email: | |
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| Notes: | |
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PAYMENT OPTIONS

by pre-authorized withdrawals from my bank account (please include a blank cheque marked "specimen")

by enclosing a series of post-dated cheques

by credit card

CREDIT CARD INFORMATION

Visa

Mastercard

American Express

Card Holder Name:

Card Number:

Card Expiration Date (mm/yy):

MAIL TO:

University Advancement Office
Bishop's University
2600 College St.
Sherbrooke, QC J1M 1Z7

Tel: 819-822-9660 x 2762 / Toll Free: 1-866-822-5210 / Fax: 819-822-9653
Email: foundation@ubishops.ca

Annual Fund runs from 1 July - 15 June

Signature:

Date: