



# DONATION PLEDGE FORM

## ORGANIZATION

*For administrative use only*

File \_\_\_\_\_

Campaign \_\_\_\_\_

### DONOR IDENTIFICATION

Organization name

\_\_\_\_\_

Address

\_\_\_\_\_

1

Authorized representative

\_\_\_\_\_

Title

Email address \_\_\_\_\_ Telephone \_\_\_\_\_

### DONATION DESTINATION

Fund

Notes

\_\_\_\_\_

\_\_\_\_\_

### DONATION TYPE

(recurring or one-time donation)

#### RECURRING DONATION

#### ONE-TIME DONATION

Frequency

Monthly

Annual

Amount

\_\_\_\_\_ \$

From

\_\_\_\_\_

*(DD/MM/YYYY)*

Duration

Until you request that the Foundation stops withdrawals

For a period of \_\_\_\_\_ months **or** \_\_\_\_\_ years

**For a total donation of** \_\_\_\_\_ \$

Until the total donation amount reaches \_\_\_\_\_ \$

Amount

\_\_\_\_\_ \$

Withdraw on \_\_\_\_\_

*(DD/MM/YYYY)*

3

## PAYMENT METHODS

### Credit card

Fill out the detachable form below.

4

### Cheque

Please make cheque payable to **La Fondation de l'Université Laval** and send with this form.

### Direct debit

Only available for monthly donations

### Securities

## ADDITIONAL INFORMATION

### CAPITALIZATION OF DONATION

Capitalized donations are invested for the medium and long term to ensure the sustainability of a fund. A portion of the capitalized funds' revenues will be used for activities and projects related to the chosen fund.

**Please check here if you wish to capitalize your donation**

### CONFIDENTIALITY

Université Laval and its entities may wish to contact you to share opportunities related to its activities. If you do not want us to share your personal information with Université Laval and its entities, **please check here**

La Fondation de l'Université Laval and Université Laval may wish to recognize its donors by publishing their names. If you wish to keep your donation anonymous outside of Université Laval and its entities, **please check here**

### RECOGNITION

5

Regular recognition is part of the recognition plan in effect for La Fondation de l'Université Laval and, if applicable, for the faculty or unit of Université Laval involved.

### PROPERTY

Contributions made by the donor under this agreement, signed by him / her, are recognized as donations as defined by the Canada Revenue Agency. They therefore become the property of Université Laval and the Foundation upon their receipt, and may not be reimbursed or returned to the donor.

### OTHER INFORMATION

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Detachable portion - will be destroyed after processing

### Credit card

Visa

Mastercard

Amex

Card number

EXP

CVC

**CONTACT INFORMATION**

**Please send thanks to**

Update contact information if necessary

Name \_\_\_\_\_

\_\_\_\_\_

Title \_\_\_\_\_

\_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Email address \_\_\_\_\_

\_\_\_\_\_

**Please send payment reminders to**

**Idem**

Name \_\_\_\_\_

\_\_\_\_\_

Title \_\_\_\_\_

\_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Email address \_\_\_\_\_

\_\_\_\_\_

**Please send receipts to**

**Idem**

Name \_\_\_\_\_

\_\_\_\_\_

Title \_\_\_\_\_

\_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Email address \_\_\_\_\_

\_\_\_\_\_

**DONOR SIGNATURE**

Signature \_\_\_\_\_

Name \_\_\_\_\_

Date \_\_\_\_\_

*(DD/MM/YYYY)*

**OTHER SIGNATURES**  
(For Foundation use only)

Signature \_\_\_\_\_

Name \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

*(DD/MM/YYYY)*

Signature \_\_\_\_\_

Name \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

*(DD/MM/YYYY)*