

THANK YOU FOR YOUR SUPPORT!

U of A Augustana Campus
Office of Development
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1 Tell us about yourself:

Title (Mrs, Mr, Dr, etc.) _____ First Name _____ Initial _____ Last Name _____
 Address _____
 City _____ Province _____ Postal Code _____ Country _____
 Preferred Phone Number _____ Email Address _____
 I'm a U of A: Student Friend Parent Faculty/Staff CLC/AUC Alumni: _____ (Year)
 Alumni _____ (Year & Faculty) Other: _____

2 Decide where to give:

- Augustana Innovation Fund Augustana Chester Ronning Centre
 Augustana Awards & Financial Aid Augustana Chaplaincy Annual Fund
 Other: _____

3 Choose a gift option and amount:

- I would like to support the U of A with a gift of: \$1,000 \$500 \$250 Other \$ _____
 This is a monthly one-time gift I have designated the U of A in my will

4 Choose a payment method:

- VISA MasterCard American Express

Name on Card _____
 Credit Card Number _____
 Expiry (mm/yy) _____ Cardholder Signature _____

Other Payment Options:

- Monthly Gifts: Direct Debit (please enclose a void cheque)
 One-Time Gifts: Cheque (payable to: **University of Alberta**)

5 Special instructions (optional):

My gift is in honour of in memory of:

Full name of person being honoured/remembered _____
 If in memory, name of next of kin (if known) _____
 Address of honoree/next of kin (if known) _____

The University of Alberta will send a notification of your gift to the honoree or next of kin providing your name and address; the amount of your gift will not be included.

- Please do not provide notification of my gift

I would like more information on:

- Establishing a named award Giving securities Remembering the U of A in my will