

The Steadward Centre for Personal & Physical Achievement

1. Your contact information:

Name _____ Home address _____
 City _____ Prov. _____ Postal code _____
 Email _____ Cellphone _____
 I'm a U of A Donor Staff Alumnus/a _____ (Year of Graduation / faculty / School) _____

2. Please specify the fund you would like to support

Steadward Centre - Greatest Need (07696)
 Free2BMe (11276)
 Athlete Development & Para Sport (13992)
 Para swimming (14099)
 Adult Fitness and Recreation (12658)

Undesignated donations will be allocated to the University of Alberta's University Fund. Donations made to endowment funds are invested in perpetuity. Investment earnings are used to advance the specific purposes of the fund.

3. Please specify your pledge amount:

One-time/Immediate gift
 \$50 \$100 \$250 Other \$ _____
 Monthly gift*
 \$5 \$10 \$25 Other \$ _____
 Ongoing OR Number of payments _____

4. Payment method:

One-time gift by cash or cheque to: University of Alberta
 Recurring bank withdrawal (void cheque required)
 Credit card (monthly gift, one-time gift)
 VISA MasterCard American Express Union Pay

Name on card _____
 If corporate card, company name _____
 Credit card # _____
 Expiry _____

5. Memorial/Tribute gift (optional):

My gift is in honour/ memory of:
 Full name _____
 If in memory of, name of the next of kin (if known)

 Address of honouree/next of kin (if known)

The University of Alberta will send a notification of your gift to the honouree or next of kin, providing your name and address. The amount of your gift will not be included. If you do not want to notify the honouree or next of kin, please check the box below:

Please do not provide notification of my tribute gift.

6. Donor Recognition (optional):

The University of Alberta may produce materials that publicly recognize and celebrate donors. If you do not wish to have your gift publicly recognized, choose one of the following:

Do not publish name or amount — make this gift anonymous
 Publish name but not amount

7. I would like more information on (optional):

Establishing a named scholarship or bursary
 Donating securities
 Remembering the University of Alberta in my will
 I have already included the University of Alberta in my will, but had not previously informed you.

8. I have reviewed the information on this form and confirm it is accurate.

Signature _____ Date _____

**The University will begin charging payments in the next payment cycle. Recurring bank withdrawals will be processed on the first business day of the month; recurring credit card payments will be processed on the 20th day of the month. These can be cancelled at any time by calling us at 780-492-7587.*

The personal information requested on this form is collected under the authority of Section 33(c) of the *Alberta Freedom of Information and Protection of Privacy Act* and will be protected under Part 2 of that Act. It will be used for the purpose of **alumni, donor engagement and philanthropic activities**. Questions concerning the collection, use or disclosure of this information should be directed to the FOIP Liaison Officer, Office of the Vice-President (External Relations), University of Alberta, 3-600 Enterprise Square, 10230 Jasper Avenue, Edmonton, AB, T5J 4P6, (780) 492-7400. Charitable Registration #10810 2831 RR0001.