

DONATION PLEDGE FORM

ULAVAL EMPLOYEE OR RETIREE

Reserved for the administration

ID _____

Campaign _____

DONOR IDENTIFICATION

Name _____

 Address _____

Email _____

 Phone _____ Birthdate _____
(DD / MM / YYYY)

DONATION DESTINATION

Fund _____

 Notes _____

DONATION TYPE

(recurring or one-time donation)

RECURRING DONATION

ONE-TIME DONATION

Frequency

Bi-weekly

Monthly

Annual

Amount

\$ _____

From _____

(DD / MM / YYYY)

or at the end of my current pledge

Amount

\$ _____

Scheduled on _____

(DD / MM / YYYY)
Duration

Until I notify Université Laval to stop the payments

For a total donation of \$ _____,

over a period of _____ months or _____ years

Fill the details of your contribution in Additional Information at section 5

PAYMENT METHODS

Payroll deduction
Pension deduction
Credit card

Fill out the detachable section below.

Cheque

 Please make your check payable to **Université Laval** and send it to us with this form.

Direct debit

Available for recurring monthly donations only.

Securities donation

Detachable portion - will be destroyed after processing
Credit card

Visa

Mastercard

Amex

Card number _____

EXP _____

CVC _____



ADDITIONAL INFORMATION

Donation capitalization

Capitalized donations are invested for the medium and long terms 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 this box if you wish to capitalize your donation, in whole or in part

Specify the amount to capitalize \$ _____

Privacy

As a gesture of recognition and to develop a culture of philanthropy within our community, Université Laval could display your name and the fund(s) you support on different media (website, social media, dynamic screens, official publications, etc.). **Do you allow Université Laval to publish your name and the fund(s) you support?**

Yes No

The units, including but not limited to the faculties and departments of Université Laval, that benefit from your financial support may want to express their appreciation for your contribution. **Do you allow Université Laval to share your name, the fund(s) and the amount of your donation with the units you support?**

Yes No

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Recognition

The recognition is defined by the recognition plan in effect at Université Laval and, where applicable, by a related Université Laval unit.

Property

Contributions made by the Donor Party pursuant to this Agreement, signed by the Donor Party, constitute donations within the meaning of the Canada Revenue Agency. As such, they become the property of Université Laval as soon as they are received, and cannot be reimbursed or returned.

Other information

SIGNATURE OF DONOR PARTY

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Signature _____

Name _____

Date _____

OTHER SIGNATURES

(Reserved to Université Laval)

Signature _____

Name _____

Title _____

Date _____

Signature _____

Name _____

Title _____

Date _____

Signature _____

Name _____

Title _____

Date _____

Signature _____

Name _____

Title _____

Date _____

RETURN THE COMPLETED FORM

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