

Reserved for the administration

ID _____

Campaign _____

DONOR IDENTIFICATION

Organization name _____

Address _____

1

Authorized representative _____

Title _____

Email _____ Phone _____

DONATION DESTINATION

Fund _____

Notes

2

If the purposes of the gift become irrelevant, Université Laval may allocate any unused gift to its other educational, research or development purposes, taking into account the donor's original intention.

DONATION TYPE

(recurring or one-time donation)

RECURRING DONATION

ONE-TIME DONATION

Frequency

Monthly

Annual

Other

Fill *Additional Information* at section 5

Amount

\$ _____

From _____

(DD / MM / YYYY)

Amount

\$ _____

Scheduled on _____

(DD / MM / YYYY)

3

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

RETURN THE COMPLETED FORM

Philanthropy and Alumni Relations Department
Pavillon Alphonse-Desjardins, room 3402, 2325, rue de l'Université, Québec (Québec) G1V 0A6

administration@dprd.ulaval.ca
Phone : 418 656-3292 or toll-free 1 877 293-8577

PAYMENT METHODS

Credit card

Fill out the detachable section below.

4

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

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

5

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



Detachable portion - will be destroyed after processing

Credit card

Visa

Mastercard

Amex

Card number _____

EXP _____

CVC _____

CONTACTS

Please send our **thanks** to

Name _____

Title _____

Address _____

Email _____

Update contacts if necessary

Please send our **payment reminders** to

Name _____

Title _____

Address _____

Email _____

Idem

Please send **receipts** to

Name _____

Title _____

Address _____

Email _____

Idem

SIGNATURE OF DONOR PARTY

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 _____

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