

DONATION PLEDGE FORM AND DIRECT DEBIT AUTORIZATION

Reserved for the administration

ID _____

Campaign _____

DONOR IDENTIFICATION

Name _____

Address _____

Email _____

Phone _____

Birthdate _____

(DD / MM /YYYY)

DONATION DESTINATION

Fund _____

Notes _____

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.

RECURRING DONATION

Monthly direct debit amount* \$ _____

*The periodic amount will be debited from the account monthly, on the 15th day of each month or the next business day.

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Duration

Until I notify Université Laval to stop the payments

For a total donation of \$ _____ ,

over a period of _____ months **or** _____ yearsFill the details of your contribution in *Additional Information* at section 5

ACCOUNT INFORMATION

Fill in the form or send us a cheque specimen

Transit number
(5 digits) _____Financial institution number
(3 digits) _____Account number
(7 digits) _____

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Financial institution name _____

Financial institution address _____

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



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

LEGAL INFORMATION

STATEMENT OF CLAIM

You have certain rights if a debit does not comply with this agreement. For example, you have the right to to be reimbursed for any pre-authorized debit (PAD) that you did not authorize or that is not consistent with this PAD Agreement. To obtain a refund request form, or for more information on your recourse rights, you can contact your financial institution or visit www.paielements.ca.

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CANCELLATION OF THE AGREEMENT

You can revoke your authorization at any time, upon 30 days' notice. To obtain a cancellation form, or for more information on your rights, contact the Philanthropy and Alumni Relations Department at the coordinates below, contact your financial institution or visit www.paielements.ca.

SIGNATURE OF DONOR PARTY

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Signature _____

Name _____

Date _____

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