

For administrative use only

ID : \_\_\_\_\_

Campaign : \_\_\_\_\_

## 1 DONOR IDENTIFICATION

Full name \_\_\_\_\_

Address \_\_\_\_\_

E-mail \_\_\_\_\_

Phone \_\_\_\_\_ Date of birth \_\_\_\_\_  
DD / MM / YYYY

## 2 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.*

## 3 DONATION TYPE

### RECURRING DONATION

#### Frequency

Monthly

Yearly

Other

*Please indicate in Additional Information in Section 5*

#### Amount

\_\_\_\_\_ CAD

From \_\_\_\_\_

DD / MM / YYYY

#### Duration

Until I notify Université Laval to stop the payments

For a total donation of \_\_\_\_\_ CAD

 over a period of \_\_\_\_\_ month(s) **or** \_\_\_\_\_ year(s)

*Please indicate the details of your payments in Additional Information in Section 5*

### ONE-TIME DONATION

#### Amount

CAD

#### Scheduled on

\_\_\_\_\_ DD / MM / YYYY

## 4 PAYMENT METHODS

#### Credit card

*Please fill out the detachable section below.*

#### Cheque

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

#### Direct debit

*Available for recurring monthly donations only.*

*Please download and fill out this form :*

[\*Authorization Form - Direct Debit Donation\*](#)

#### Gift of securities

*Please download and fill out this form :*

[\*Authorization Form - Gift Of Securities Via Electronic Transfer\*](#)



#### Credit card

*This detachable section will be destroyed after processing.*

Visa

Mastercard

Amex

Card number \_\_\_\_\_

EXP \_\_\_\_\_

CVV \_\_\_\_\_

MM / YYYY

## 5 ADDITIONAL INFORMATION

### COLLECTION OF PERSONAL INFORMATION

We collect your information to process your donation, acknowledge your contribution, and/or inform you about our activities and future contribution opportunities. Your information is shared with our IT service providers (Blackbaud Inc. and Vanilla Soft) for hosting purposes. It is stored outside Quebec under contracts ensuring its confidentiality. All requested information is mandatory unless otherwise specified. To consult or correct your information, contact the person responsible for the protection of personal information at [ulaval.ca/notre-universite/direction-et-gouvernance/bureau-du-secretaire-general/demande-dacces-aux-renseignements-personnels](http://ulaval.ca/notre-universite/direction-et-gouvernance/bureau-du-secretaire-general/demande-dacces-aux-renseignements-personnels). For more details on how your personal information is protected, please refer to our Privacy Policy at [ulaval.ca/en/privacy](http://ulaval.ca/en/privacy).

### CONSENT

To show our appreciation while promoting a philanthropic culture within the community, we wish to publicly display your name and the fund(s) you support on various communication platforms (websites, social media, dynamic screens, official publications, etc.).

Do you consent to the publication of this information? Yes No

### 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

## 6 DONOR SIGNATURE

Signature \_\_\_\_\_

Date \_\_\_\_\_

DD / MM / YYYY

Full name \_\_\_\_\_

### OTHER SIGNATURES

*Université Laval use only*

Signature _____	Signature _____
Full name _____	Full name _____
Title _____	Title _____
Date _____	Date _____
DD / MM / YYYY	
Signature _____	Signature _____
Full name _____	Full name _____
Title _____	Title _____
Date _____	Date _____
DD / MM / YYYY	



**PLEASE RETURN THIS DULY COMPLETED FORM**

#### Philanthropy and Alumni Relations Department

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