UNIVERSITÉ LAVAL | Philanthropy and Alumni Relations Department

DONATION PLEDGE FORM

Organization

For administrative use only
ID : _____
Campaign : _____

1 DONOR IDENTIFICATION

Organization name _____

Address _____

Authorized representative _____ Title _____

E-mail _____ Phone _____

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.*

◯ Bank transfer
Please refer to this document :
Université Laval Bank Account Information

◯ Gift of securities
Please download and fill out this form :
Authorization Form - Gift Of Securities Via Electronic Transfer

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Credit card

This detachable section will be destroyed after processing.

◯ Visa ◯ Mastercard ◯ Amex

Card number _____ EXP _____ CVV _____
MM / YYYY

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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. For more details on how your personal information is protected, please refer to our Privacy Policy at 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

PLEASE RETURN THIS DULY COMPLETED FORM

Philanthropy and Alumni Relations Department
Pavillon Alphonse-Desjardins
2325 rue de l'Université, Room 3402, Québec (Québec) G1V 0A6
E-mail : administration@dprd.ulaval.ca
Phone : 418 656-3292 or Toll-Free : 1 877 293-8577

Université Laval OBE registration number : 119278950 RR 0001

v2711202511

6 CONTACTS

SEND OUR THANKS TO :

Full name _____

Title _____

Address _____

E-mail _____

UPDATE CONTACTS IF NECESSARY

_____

_____

_____

_____

SEND OUR PAYMENTS REMINDERS TO :

Full name _____

Title _____

Address _____

E-mail _____

☐ **IDEM**

_____

_____

_____

_____

SEND OUR RECEIPTS TO :

Full name _____

Title _____

Address _____

E-mail _____

☐ **IDEM**

_____

_____

_____

_____

7 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 *DD / MM / YYYY*

Signature _____ Signature _____

Full name _____ Full name _____

Title _____ Title _____

Date _____ Date _____

DD / MM / YYYY *DD / MM / YYYY*

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