UOIT
CHALLENGE INNOVATE CONNECT

For Advancement Office Use Only:
ID: _____
Fund: _____

Mail Giving Form

Please complete and mail this form to:

Advancement Office
2000 Simcoe St. North, Oshawa, ON L1H 7K4

Shaded areas are mandatory information.

Donor Information:

Name:		
Address:		City:
Province:	Postal Code:	Residence Telephone:
Daytime Telephone:	e-mail:	

I will make a total contribution of: $ _____	Please designate my gift to ☐ Where Most Needed ☐ Scholarship ☐ Bursary ☐ Team _____ ☐ Other: _____

Payment Details:

☐ Cash Donation (For security reasons, please attach a money order to this form)
☐ Cheque Donation (Payable to **University of Ontario Institute of Technology**; please attach to this form)

☐ Credit Card Payment Card Number: _____ Expiry Date: _____
Cardholder's Name: _____
☐ Visa ☐ Single Payment of: $ _____ ☐ Monthly Payments of: $ _____ x _____
☐ Mastercard Payment Start Date: _____ End Date: _____

☐ I would like my gift to remain anonymous.
☐ I would like my name to appear as _____ in public donor listings.
☐ I would like to be contacted by a Gift Officer to obtain further information.

Signed:	Date:

Thank you. Official Canada Revenue Agency income tax receipts will be issued for gifts equal to or greater than $10.00.

☐ **Receipt Required** **Name to appear on receipt:** _____
☐ **No Receipt Required** **(Must match name appearing on cheque or credit card)**

Advancement Office - UOIT
2000 Simcoe Street North, Oshawa, Ontario L1H 7K4
T. 905-721-8668 ext.2462 F. 905.725.5475 E. advancement@uoit.ca

Charitable Registration Number: 85924 8049 RR0001