



DONATION PLEDGE FORM

Please complete the form below and send it to UCAMA via fax to (780) 420-0562 or mail to 9543-110 Avenue, Edmonton AB T5H 1H3

Mr. Ms. Miss Mrs. Other _____

Last Name _____ First Name _____

Organization (if applicable) _____ Position (if applicable) _____

Address _____

City _____ Province _____ Postal Code _____

e-mail _____ Please send my receipt via e-mail

My Donation:

\$50,000 \$25,000 \$15,000 \$10,000 \$5,000 \$2,500 \$1,000 \$500 \$100 \$50 Other _____

Payment by: Cheque Visa MasterCard American Express Direct Debit (see note below)

Credit card # _____ Expiry Date _____ CVC _____

Name on card _____ Signature _____

Make me a Monthly Donor:

\$ _____ / month, beginning date _____ # of months _____

Please note for Direct Debit, please enclose a VOID cheque and sign on the signature line above.

Indicate whether you wish donations charged on the: 2nd or 16th day of each month.

Make me an Annual Donor:

\$ _____ / year, beginning date _____ # of years _____

Please note for Direct Debit, please enclose a VOID cheque and sign on the signature line above.

Indicate whether you wish donations charged on the: 2nd or 16th day of _____ each year.

I would like my gift used as follows:

Capital Fund Endowment Fund Operations Where it is needed most

I wish to remain anonymous or I wish to be recognized as: _____

Privacy Statement: We do not rent, sell or trade our donor lists. Information collected is solely used to process donations and to keep you informed about UCAMA and our work. If you wish to opt out of future mailings, please check here

Support UCAMA with a planned gift: I have already included UCAMA in my will

Please send me information on: Naming UCAMA as a beneficiary in my will
 Gifts of stocks and securities

Tax receipts for gifts under \$10 issued only on request. Please call (780) 424-7580 or e-mail ucama@shaw.ca with any questions or comments.
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