



THE inspire!

CAMPAIGN

UPEI PLEDGE FORM

Development and Alumni Engagement, 550 University Ave., Charlottetown, PE C1A 4P3
 Telephone 902-894-2888 Fax 902-566-0782 upei.ca/donate

CONTACT INFORMATION *(Home address is required for personal donations)*

Name/Business Name _____
 Address _____ City _____
 Province _____ Postal Code _____ Email _____
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RECOGNITION

I/we wish to be recognized in UPEI's publications as _____
 I/we wish to remain anonymous

GIFT INFORMATION

I/we wish to support UPEI in the following area. **INSPIRE!** Engineering **INSPIRE!** Experiential and Global Learning
 INSPIRE! Veterinary Medicine **INSPIRE!** Athletics **OR**
 Designated Area _____

One-time \$ _____
 Monthly \$ _____ /month for _____ months **Total Gift \$** _____ **Start Date** _____
 Yearly \$ _____ /year for _____ years **Total Gift \$** _____ **Start Date** _____

I would like to be sent payment reminders. Yes No

PAYMENT OPTIONS

Credit Card VISA MasterCard American Express
 Card Number _____ Expiry Date _____ / _____ CVV # _____
 Name on Card _____ Authorized Signature(s) _____

Cheque Enclosed *(Please make cheques payable to University of Prince Edward Island)*

Pre-authorized Debit *(Monthly withdrawals available only in Canada)*

I/we hereby authorize the University of Prince Edward Island to initiate a pre-authorized debit each month from my/our account as indicated on the enclosed voided cheque and as defined in Canadian Payment Association (CPA) Rule H1, in the amount of _____ for _____ consecutive months on the 15th **OR** 30th day of each month.

Voided cheque enclosed.

Authorized Signature(s) _____

Thank you for your leadership and generosity.

Charitable tax receipts will be mailed to the above address. Charitable reg. #10816 2108 RR0001.