



UPEI PLEDGE FORM

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

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

Name/Business Name _____

Address _____ City _____

Province _____ Postal Code _____ Email _____

Telephone _____ Business _____

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.
- Robertson Library
 - Music Department
 - Annual Fund
 - Health and Wellness
 - Class of 2019
 - 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.