



UNIVERSITY OF SASKATCHEWAN

Annual Fund 2006/07

I would like to support the Craig Slimmon Memorial Bursary
at the Western College of Veterinary Medicine.

Please print your name and address below:

Full Name: _____

Address: _____

City: _____ Prov: _____ Postal Code: _____

Phone Number: _____ Email address: _____

I am a U of S Alum Yes College _____ Grad Year _____

I would like my contribution to support:

The Craig Slimmon Memorial Bursary, Western College of Veterinary Medicine

Gift Options:

My 2006-07 Annual Gift:

I would like to support the U of S with a gift of:

\$50 \$100 \$125 \$250 \$500 \$1000 Other \$ _____

Monthly gift of \$ _____ for _____ months.

Annual gift of \$ _____ for _____ years.

(Monthly & Annual gifts can be made by pre-authorized chequing, credit card, or post-dated cheques)

Cheque or money order VISA MasterCard

Pre-Authorized Chequing (Please fill out additional information on next page)

Please make cheque payable to the **University of Saskatchewan**

VISA/MC _____ Expiry Date ____/____

Signature: _____ Date: _____

Cardholders Name: _____ (please print)

Pre-Authorized Chequing Option:

I hereby authorize the University of Saskatchewan to withdraw the following amount \$ _____ each month from my account on the ___1st or ___15th of the month (check one).

Note: A cheque marked "void" must accompany this form for verification.

Account Type _____

Bank Name _____

Bank Address _____

Bank Account Number _____

This authorization is valid from _____, 20__ until _____, 20__ or upon receipt of cancellation in writing.

Start date: _____ End date: _____

Joint & Matching Gifts:

This is a joint gift with: _____

My company will match this gift (Some companies have a matching gift program. If so, please ask your Human Resource Office for a Matching Gift Form).

Gift Recognition:

To express our heartfelt thanks, we are proud to honour our donors through special events, published donor rolls (in print and online and the U of S's publication the *Green & White*).

Preferred Published Name: _____

Spouse name (if joint gift): _____

Spouse college/grad year if U of S Grad: _____

You may choose not to be publicly recognized for your support and we will honor your wishes. Please check any or all categories below:

- Do not publish my name with regard to this gift.
- Do not publish my name with regard to all gifts.
- I do not wish to be invited to donor recognition events.

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I am interested in learning more about bequests to the University of Saskatchewan and other planned giving opportunities.

MAIL TO: University Advancement
University of Saskatchewan
Rm 223 Kirk Hall
117 Science Place
Saskatoon SK S7N 5C8

PHONE: (306) 966-5186 (local) or 1-800-699-1907

FAX: (306) 966-5571

Online Secure Gift Form: www.usask.ca/advancement (Click on "Give to the U of S")

Use your Visa or MasterCard 24 hrs/day by phone: 1-800-699-1907

All charitable contributions are tax deductible.

Canada Revenue Agency Charitable Organizations Registration No. 0051938-20 11927 9313 RR0001

The University of Saskatchewan respects your privacy. Please refer to our privacy policy statement at www.usask.ca/advancement/privacy.html