

LETTER OF INTENT



UNIVERSITY
OF MANITOBA

Donor Name _____

Address _____

City _____

Province _____

Postal Code _____

Phone: (Home) _____

Email: _____

GIFT/PLEDGE

I/We would like to make a contribution of \$ _____ to the University of Manitoba.

Signature _____

Date _____

This contribution will be allocated as follows: _____

I would like this gift to remain anonymous.

PAYMENT METHOD (Please check one.)

Pledge Cheque/Money Order (*Payable to the University of Manitoba*)

Visa MasterCard American Express

Card #: _____ Exp. ____/____

Signature: _____ Name on Card: _____

PLEDGE INSTALMENT SCHEDULE

Initial Payment of: \$ _____ Date expected: _____

Subsequent Instalments of: \$ _____

Beginning On (*Month/Day/Year*): _____

Reminders to be sent: Monthly Quarterly Semi-Annually Annually

RETURN TO:

Development & Advancement Services
179 Extended Education Complex
University of Manitoba
Winnipeg, Manitoba R3T 2N2 Canada

Phone: (204) 474-9195
Fax: (204) 474-7635
Toll-free: 1-800-330-8066
E-mail: development@umanitoba.ca

Note: The information you have provided will be collected and maintained by the university in order to facilitate communication and assist in our advancement and development efforts. An official tax receipt will be mailed under Revenue Canada Taxation Reg. # 11926-0669-RR0001.