

DONATION FORM

I would like to make a donation in support of:

Designation Name: _____

You may also donate online at Futurefunder.ca or via phone at **613-520-3636**.

With a gift of:

With a monthly gift of:

\$ _____

\$ _____

Donation options:

Visa MasterCard Amex Cheque, payable to Carleton University

Gift of securities/shares (we will contact you)

**For monthly donations via pre-authorized debit, please attach a VOID cheque or direct deposit form from your financial institution.*

Mailed to:

Department of University Advancement
4104 HCI Building
1125 Colonel By Drive
Ottawa ON K1S 5B6

Donor Information:

First Name: _____		Last Name: _____	
Street 1: _____			
Street 2: _____			
Street 3: _____			
City: _____	Province: _____	Postal Code: _____	
Email Address: _____		Phone Number: _____	

I wish for my giving to remain confidential

OTHER WAYS TO GIVE:

- Please send me information about establishing a student aid award.
- I have already arranged a gift to Carleton University in my will.
- Please send me information about how to remember Carleton University in my will.

FUTUREFUNDER.CA

Card Number: _____
Expiry Date: ____ / ____ Signature: _____
In compliance with the Freedom of Information and Protection of Privacy Act, Carleton University collects your personal information for University Advancement activities. If you have questions or would like to tailor the way we contact you, please contact Sarah Clarke , Director of Advancement Services at sarah.clarke@carleton.ca . THANK YOU!

For your protection, Carleton University does not accept and will not process credit card information provided via email, voicemail, fax or text messages. Please return this form by mail, using the address provided above.