



Jill McKenzie Memorial Lecture in Scottish Studies

I / We (please print) _____ wish

to contribute a total of \$ _____ to the Jill McKenzie Memorial Lecture, University of Guelph

Campaign gift/pledge annual sub-totals:

Year 1: _____ Year 2: _____ Year 3: _____ Year 4: _____
Year 5: _____ Other: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: (H) _____ (W): _____ Email: _____

Please indicate preferred method of payment:

A) Payment by Cheque

- i) Cheque(s) (Payable to the University of Guelph) Preferred annual reminder date: _____
ii) Post-dated cheque(s) (payable to the University of Guelph) are attached
iii) Pre-authorized monthly chequing (Please complete the reverse side of this form)
Start Date (month/year): _____ End Date (month/year): _____

B) Visa MasterCard Card Number: _____ Expiry Date: _____

Full annual payment(s) Take donation(s) in the following month: _____

Monthly payments: Start Date (month/year): _____ End Date (month/year): _____

Other schedule: Please provide details: _____

C) Payroll Deduction: Start Date (month/year): _____ End Date (month/year): _____
(University of Guelph Employees Only)

This contribution is designated for the benefit of:

- A specific project / program: Jill McKenzie Memorial Lecture in Scottish Studies
Other: _____

For the purpose of recognition, I/we would like my/our name(s) to appear as follows:

(please print) _____

Or I/we wish to remain anonymous for the above Campaign gift and/or pledge payments

Signature: _____ Date: _____

University of Guelph ♦ Alumni House ♦ Guelph ♦ Ontario ♦ Canada ♦ N1G 2W1
Treasury Phones: (519) 824-4120 Ext. 6530, 6532, 6540 ♦ Fax: (519) 822-2670
Charitable Registration No.: 108161829 RR0001

Office use only: # _____ Code:9010
Contact: _____

For the use of those who have selected pre-authorized chequing as the form of payment on the other side of this form:

1. Please attach a voided cheque to this form

2. Banking Information:

Bank or Trust Company: _____

Address: _____

City: _____ Province: _____

Postal Code: _____ Phone: _____

3. I/We agree that the University of Guelph may process charges to my/our account for the purposes of gifts or donations to the Capital Campaign (and/or the ongoing Annual Fund during the Campaign period).

Signature: _____ Date: _____

Signature: _____ Date: _____