

1. Donor Information (please complete)

First Name: _____ Initial: _____ Last Name: _____

Preferred Title: Ms. Miss Mrs. Prof. Mr. Dr.

For the purpose of recognition, the donor's name should be listed as:

Home Address

Street: _____ City: _____ Province: _____

Postal Code: _____ Phone: _____ Fax: _____ Email: _____

Business Address

Corporation: _____ Contact Name: _____

Job Title: _____

Street: _____ City: _____ Province: _____

Postal Code: _____ Phone: _____ Fax: _____ Email: _____

Preferred Address: Home Business Constituency Type: _____

Anonymous: Yes No

PLEASE PROVIDE COPIES OF ALL DOCUMENTATION OR CORRESPONDENCE RELATED TO THE GIFT

2. Donation or Sponsorship Information (please complete)

Donation (charitable receipt issued) Sponsorship (business receipt issued)

FOR FURTHER CLARIFICATION PLEASE VISIT [GUIDELINES ON RECEIPTING](#)

One time gift amount: _____ OR Pledge Amount: _____

Pledge Period: _____ Pledge Start Date: _____

DO NOT SEND CREDIT CARD PAYMENT INFORMATION VIA CAMPUS MAIL (PLEASE CONTACT x85321)

COA: Account: _____ Fund: _____ Org Code: _____ Program: _____

Project: _____ OR Speed Code: _____

Fund Name: _____ Faculty/Department: _____

Submitted by: _____ Email: _____ Phone: _____

Date Submitted: _____

3. Acknowledgement and Stewardship

Please note all donations to the University will receive a standard Thank-you letter from the VP External or the Executive Director of Foundation Western.

Please indicate if further acknowledgment is required in addition to the standard letter/tax receipt.

Yes No

4. For Office Use Only

Emplid: _____ Campaign/Appeal: _____ Designation: _____

Program: _____ Charity: UWO FW Fdn. Inc.