

					Nov	6-9 for gift to be matched		
	Employee Chall int to support our Uni	_				9		
Prefix	First N	ame			Last Name			
UNBC Phone	UNB(Ema				UNBO	CID		
Donation	Information							
Gift	Monthly		Payroll	New	Amount	Amount		
	One time	i	Pledge Type	Increase of existing				
	Payroll deduction (bi-weekly)		.71		J			
payment by cr	choosing a monthly gift, please se redit card. Gifts are processed on t and receipts are sent after the cale	the 15th of	f your T ²	1 (Box 46), an	ns made via payroll deduction d will continue until further n pay period of the next mont	otice. New deductions		
Select	Visa	Americ	can Express	С	heque (to UNBC)			
	MasterCard	Cash						
Credit Card			Expiry Month		Expiry Year	CVC		
Signature					Sign for credit card and	n for credit card and payroll gifts		
Spouse Name					Providing a spouse nam	roviding a spouse name indicates a joint gift		
Direct my donation to:					I wish to remain anonymous			
Select	Timberwolves Athletics Changing Lives	Speci	fy your choid	ce:				

Please submit this form to:

Thank you for your generosity!

UNBC Office of University Advancement 3333 University Way Prince George, BC V2N 4Z9

Memorial Awards

Choose Your Designation

Fax: 250-960-5799 Email: giving@unbc.ca This information is not shared with other organizations and is used for processing payment and donor recognition.

Charitable receipts are issued for donations of \$5 or more.

UNBC Charitable #: 12162-7350-RR001