

## DONOR INFORMATION

Name: \_\_\_\_\_  *I wish to remain anonymous*

Department: \_\_\_\_\_  *I am an Alumnus of Olds College*

Mailing Address: \_\_\_\_\_ City/Town: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ E-mail: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

## PLEDGE INFORMATION

### I would like to pledge the following:

- One-time gift** in the amount of \$ \_\_\_\_\_
- Payment by Cheque:**
- I have enclosed a cheque/money order payable to Olds College to fulfill my pledge
- Payment by Credit Card:**
- I authorize Olds College to debit my credit card to fulfill my pledge
- Visa  Mastercard Credit Card # \_\_\_\_\_ Expiry \_\_\_\_\_
- Invoice:**
- I request Olds College to forward an invoice(s) to my attention to arrange for payment of my pledge
- Give On-line:**
- <http://www.oldscollege.ca/funddev/contribute.htm>
- Bi-Weekly Deduction** from my Payroll at Olds College \$ \_\_\_\_\_/bi-weekly to commence on \_\_\_\_\_ with the final payment being deducted from my account on \_\_\_\_\_
- day/month/year day/month/year*
- I request Olds College to arrange a deduction from my payroll to fulfill my pledge  
(A Staff Payroll Deduction Form will be forwarded to you for completion)
- Monthly Pre-Authorized Debit** from my Bank Account \$ \_\_\_\_\_/month to commence on \_\_\_\_\_ with the final payment being deducted from my account on \_\_\_\_\_
- day/month/year day/month/year*
- I request Olds College to arrange a pre-authorized debit from my bank account to fulfill my pledge  
(A Payer's Authorization for Pre-Authorized Debits form will be forwarded to you for completion)
- Annual gift** in the amount of \$ \_\_\_\_\_/year for \_\_\_\_\_ years to commence on \_\_\_\_\_
- Invoice:**
- day/month/year*
- I request Olds College to forward an invoice(s) to my attention to arrange for payment of my pledge
- Gift-in-kind** of \_\_\_\_\_ (item description) with a value of \$ \_\_\_\_\_
- Planned Gift:** I would like to speak with a Development Officer to discuss a planned gift
- Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_

## DESIGNATION INFORMATION

### I would like to designate my gift to:

- |   |  |
|---|--|
| <input type="checkbox"/> Calgary Campus                         | <input type="checkbox"/> Community Learning Campus         |
| <input type="checkbox"/> Canadian Equine Centre of Innovation™  | <input type="checkbox"/> Endowed Chairs                    |
| <input type="checkbox"/> Centre for the Horticulture Industry   | <input type="checkbox"/> Olds College School of Innovation |
| <input type="checkbox"/> Landscape Pavilion Facility Expansion  | <input type="checkbox"/> Scholarships and Bursaries        |
| <input type="checkbox"/> Botanic Gardens, Wetland and Arboretum | <input type="checkbox"/> Other, please specify _____       |

- I require additional information** and would like to speak to a Development Officer about available options with respect to supporting the See the Future, Lead the Way 2009 Capital Vision Campaign

**Please return your completed pledge form to the Office of Advancement**