

Annual Fund Giving Form

Please fill out the form below, print, and mail to the following address:

For assistance please call
Tel: 416-979-5000 Ext 6516
Sergio Chiodo
Manager, Annual Fund

Annual Fund
Ryerson University
350 Victoria St.
PO Box 20205 STN BRM B
Toronto, On M7Y3R1

* Indicates required boxes

Personal Information:

* Title: * First Name: * Last Name:

* Address:

* City: * Province/State: * Postal/Zip :

Telephone: * Email:

Anonymous: I/we wish to remain anonymous in donor recognition listings

Gift Information: One Time Gift Monthly Recurring Gift

\$1000 \$500 \$250 \$125 \$75 \$25 Other\$

Tax receipts for gifts under \$20.00 will be provided upon request.

My gift is under \$20.00 and I would like to receive a tax receipt.

I would like to designate my gift to:

Greatest need My School

Other please specify below

Scholarships/student aid

Athletics

Library

Payment Information: Cheque Credit Card EFT from Bank (please include void cheque)

Visa MasterCard American Express

Credit Card # Expiry Date

Name on Card Signature (for credit card or EFT)