



Royal University Hospital Foundation Women Leading Philanthropy

DONOR REGISTRATION

YOUR INFORMATION

Title _____ First Name _____ Last Name _____
 Address _____ City _____ Prov _____ PC _____
 Telephone _____ DOB _____ Email _____
 Name will appear as above for WLP recognition purposes unless advised otherwise. I wish my gift to be anonymous.

YOUR GIFT

Donation Amount: \$600/year (under 40 years) \$1,200/year (40+ years) Other _____
 One time Monthly (on the 20th of each month) Payment Type: Visa Mastercard Cheque Enclosed
 (marked "VOID" for monthly donations)
 Credit Card # _____ Expiry _____ CSV _____
 Name on Card _____
 My company will match my gift! Company Name: _____
 Address _____ City _____ Prov _____ PC _____

THANK YOU!

A charitable tax receipt will be issued for donations of \$20 or more and once per year for monthly donations.

I affirm that entering my information above and submitting this form constitutes an electronic signature of this form. By completing this form, I also give my consent to be photographed, video/audio taped or otherwise recorded during my attendance at WLP events and for the information obtained to be used in any form (print, electronic, web, social media), for the purposes of promotion of the WLP program.

Date _____
 RUH Foundation ● 103 Hospital Drive ● Saskatoon, SK S7N 0W8
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 Charitable Registration No. 11927 9131 RR0001



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Funding year for WLP is July 1 to June 30