



Royal University Hospital Foundation  
**Women Leading  
 Philanthropy**

Transformed by  **SKYE PLANNING GROUP**

# DONOR REGISTRATION

April, 2021

## YOUR INFORMATION

Title \_\_\_\_\_ First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Prov \_\_\_\_\_ PC \_\_\_\_\_

Telephone \_\_\_\_\_ DOB \_\_\_\_\_ Email \_\_\_\_\_  
(mm/dd/yyyy)

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, continuously unless the donor requests to discontinue)

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  
 P. 306.655.1984 ● F: 306.655.1979 ● E: info@ruh.org ● W: ruh.org  
 Charitable Registration No. 11927 9131 RR0001



RUH Foundation respects your privacy and protects your personal information. We do not sell or exchange information with other organizations.

Funding year for WLP is July 1 to June 30