

Your donation to Lakehead University's **Share It Forward** monthly giving program can be made by monthly payroll deduction, a one-time payroll deduction, cheque, VISA or MasterCard.

All donation information is treated as confidential.

PLEASE SUBMIT YOUR COMPLETED FORM TO: Anna Sampson, Alumni & Community Relations Associate amsampso@lakeheadu.ca

		eceipt purposes	⊓ MRS.	□ MS.	□ DR.	
	NAME: _					
	DEPT.:					
	HOME ADDRES	SS:				
				PROV:		
OPTION #1:	Payroll Deduction	1				
	☐ Ongoing	_				
	-		ersity to deduct \$	per pay x 24 pays per y	rear	
	*By choosing to make contacting Human R		stand that I <u>do not</u> have to fi	ll out a form each year. I may c	ancel or change my donatior	n at any time by
	☐ Annual (Gift				
	I author	ize Lakehead Unive	ersity to deduct \$	_ per pay (max. 24 pays p	per year)	
	*By choosing to make an annual gift, I understand that I have to fill out a form each year. I may cancel or change my donation at any time by contacting Human Resources.					
	Signature:		Date:			
OPTION #2:	Credit Card Gift		Maria	N I		
	□ VISA	, installments of ¢	□ Master0		nent of \$	
		y installinents of \$_		□ One payir		
	Credit Card	d Number:		Expiry I	Date:	SVV:
	Signature:			Date: _		
OPTION #3:	One-Time Gift					
		neque (Made payable	e to Lakehead University)			
D	irect my gift to the	following area(s):				
		holarships	□ Faculty/Departme	ent (please specify):		
	□ Atl	hletics	□ Other (please sp	ecify):		
		y gift may be recog	nized in printed material	. □ Please ensure tha	nt my gift remains anony	/mous.