

## CIW DONATION FORM

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, Province, Postal Code: \_\_\_\_\_

Phone : \_\_\_\_\_ Email: \_\_\_\_\_

I am pleased to make a pledge of \$ \_\_\_\_\_ to the Faculty of Applied Health Sciences in support of the **Canadian Index of Wellbeing (CIW)** payable in:

- One installment –or–
- A pledge to be paid over a period of \_\_\_\_\_ year(s), in \$ \_\_\_\_\_ installments
  - Payments on the pledge will start (date) \_\_\_\_\_, 20\_\_\_\_\_ and will continue annually

### Method of Payment:

- My cheque(s) payable to the **University of Waterloo** is enclosed.
- Please use my credit card for all pledge payments
  - Visa  MasterCard  AMEX # \_\_\_\_\_ Expiry Date: \_\_\_\_\_
  - Name of Cardholder: \_\_\_\_\_ Signature: \_\_\_\_\_

### Matching Companies Program:

My employer offers company-matching contributions: Yes \_\_\_\_\_ No \_\_\_\_\_

### Recognition:

- I/we wish to be recognized as: \_\_\_\_\_
- I/we wish to remain anonymous

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### PLEASE RETURN COMPLETED FORM IN CONFIDENCE TO:

Meredith G. McGinnis, Director of Advancement,  
Faculty of Applied Health Sciences, University of Waterloo  
200 University Avenue, Waterloo, Ontario N2L 3G1  
Tel: 519.888.4567, ext. 33631 Fax: 519.746.6776 Email: meredith@uwaterloo.ca

**Thank you for your investment in the Canadian Index of Wellbeing within the Faculty of Applied Health Sciences at the University of Waterloo.**

