

# THE FIDDLEHEAD FUND

FIRST NAME \_\_\_\_\_ MIDDLE INITIAL \_\_\_\_\_ LAST NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ PROVINCE/STATE \_\_\_\_\_ COUNTRY \_\_\_\_\_

POSTAL/ZIP CODE \_\_\_\_\_ PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

I WOULD LIKE THIS TO BE CONSIDERED A JOINT GIFT BETWEEN ME AND \_\_\_\_\_ (NAME OF OTHER DONOR).

## YES! I Wish To Support This Very Worthwhile Initiative By Pledging A Total Of:

\$500 \$400 \$300 \$200 \$100 \$50 OR \$ \_\_\_\_\_ (please specify amount) over a period of \_\_\_\_\_ year(s) (please specify years). Amount Enclosed \$ \_\_\_\_\_.

I PREFER TO PAY THE BALANCE OF MY PLEDGE IN: Monthly Quarterly Semi-Annual Or Annual Instalments commencing on (Day)\_\_\_\_(Month)\_\_\_\_(Year)\_\_\_\_. *Note:* courtesy reminders will be sent to you.

AS A THANK-YOU FOR YOUR SUPPORT The Fiddlehead will publish your name in an upcoming issue. As well, UNB publishes an annual Donor Honour Roll. If you do not want your name included, please check the appropriate box(es):

Do Not include my name in The Fiddlehead Donor Listing.

Do Not include my name in the University's Donor Honour Role.

## PAYMENT OPTIONS

I WOULD LIKE TO CONTRIBUTE THROUGH:

VISA\* MASTERCARD\* AMERICAN EXPRESS\*

\*  I wish to have all future installments automatically charged to my Visa, Master Card or American Express

CARD NUMBER \_\_\_\_\_ EXPIRY \_\_\_\_/\_\_\_\_

SIGNATURE \_\_\_\_\_

CHEQUE (PAYABLE TO UNB)

Pre-authorized payment (monthly withdrawals from my bank account - only available in Canada)

FOR THE DURATION OF MY PLEDGE, I WOULD LIKE MY DONATION TO BE AUTOMATICALLY WITHDRAWN EACH MONTH FROM MY BANK ACCOUNT ON THE

15<sup>TH</sup> OF EACH MONTH OR

30<sup>TH</sup> OF EACH MONTH.

NOTE: PLEASE ENCLOSE A CHEQUE MARKED "VOID" WHEN MAILING OR FAX THE CHEQUE AND THIS FORM TO (506)458-7769.

Mail form to: Development & Donor Relations  
University of New Brunswick  
PO Box 4400  
Fredericton, NB E3B 5A3

Fax: (506) 458-7769 or Call: (506) 453-5053  
Donate online at [www.unb.ca/donations](http://www.unb.ca/donations)  
or email [devdr@unb.ca](mailto:devdr@unb.ca)

I hereby request the University of New Brunswick to initiate an electronic funds transfer (eft) in the amount indicated on this form. I hereby authorize my bank, credit union or financial institution to pay such eft and debit my bank account as specified on the date indicated. Delivery of this authorization to my bank constitutes delivery of it by myself and the treatment of each debit should be the same as if the undersigned had personally directed the payment as indicated. I understand that I may cancel this authorization at any time by written notice either to the Office of Development and Donor Relations, University of New Brunswick or to my bank, and that upon receipt the University of New Brunswick and/or my bank shall cease withdrawals authorized by this agreement.

Signature \_\_\_\_\_

Date \_\_\_\_\_

## Your Support is Greatly Appreciated