



UNIVERSITY OF TORONTO SCHOOLS COMMERATIVE GIFT FORM

PLEASE PRINT ALL INFORMATION

Donor Information (for tax receipt purposes)

- 1. Name:
2. Address:
3. City: Prov: Postal Code:
4. Phone: Home () Business: ()
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Dedicated Information (for bookplate and card)

Dedicated in honour of...

Dedicated in memory of...

- 1. Name:
Class of:*
2. Occasion:
3. Dedicated by:

- 1. Name:
Class of:*
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* If applicable

* If applicable

Gift Acknowledgment Recipient (s) Please Send a Card To:

- 1. Name:
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PAYMENT OPTIONS:

CHARGE VISA MASTERCARD
NAME ON CARD SIGNATURE
CARD NUMBER EXPIRY DATE

CHEQUE enclosed, payable to: UNIVERSITY OF TORONTO SCHOOLS

Fax this form to 416-971-2354

Call 416-978-3919 and make your gift

This form can be mailed to the UTS Advancement Office, 121-371 Bloor Street West, Toronto, ON M5S 2R7
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