



Donation Form for UW Well-Fit

In honor of



Donor's Name: _____

Address: _____

Postal Code: _____

Telephone: _____

Amount of Donation: \$ _____

Cheque (*Payable to The University of Waterloo*)

Credit Card

Visa **MasterCard**

American Express

Card Number: _____

Expiry Date: _____

I/We would like the family to be notified of our gift:

Signature: _____

Date: _____

Please return form and payment to:
Office of Development and Alumni Affairs - SCH
University of Waterloo
Waterloo, ON N2L 3G1
519-888-4567 ext. 32036

Thank you for your donation to UW Well-Fit

Charitable Registration Number: 11926 0685 RR0001