



*In Memoriam  
Donation Form for  
UW Well-Fit*

*In memory 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