



## Pledge Letter of Intent

**Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **Province:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Choose a Giving Option:**

(1) I wish to make a yearly gift of \$ \_\_\_\_\_ per year by: \_\_\_\_\_

Cheque (enclosed) – *please make all cheques payable to the University of Alberta.*

Credit Card:

Visa       Master Card

Card number: \_\_\_\_\_ Expiry: \_\_\_\_\_

Cardholder's name: \_\_\_\_\_ Signature: \_\_\_\_\_

Beginning \_\_\_\_\_ (mm/yy) until I indicate otherwise.

Beginning \_\_\_\_\_ (mm/yy) and ending \_\_\_\_\_ (mm/yy).

(2) I wish to make a one-time gift of \$ \_\_\_\_\_ by: \_\_\_\_\_

Cheque (enclosed) – *please make all cheques payable to the University of Alberta.*

Credit Card:

Visa       Master Card

Card number: \_\_\_\_\_ Expiry: \_\_\_\_\_

Cardholder's name: \_\_\_\_\_ Signature: \_\_\_\_\_

**I would like my gift to support the following area(s):**

*Please indicate amounts if you are supporting more than one area*

\$ \_\_\_\_\_ The Steadward Centre (not program specific)  
 \$ \_\_\_\_\_ Adult Fitness and Lifestyle Programming  
 \$ \_\_\_\_\_ Functional Electrical Stimulus (FES) Program  
 \$ \_\_\_\_\_ Free2BMe Physical Activity Programs for Kids and Teens with Disabilities  
 \$ \_\_\_\_\_ Other: \_\_\_\_\_

Please acknowledge this as a gift from myself and: \_\_\_\_\_ (please print)

Relationship (spouse, partner, parent, child, etc.): \_\_\_\_\_ (please print)

I do not wish to have my name included in any University of Alberta donor recognition programs.

**Please forward your completed form to: The Steadward Centre  
 1-670 Van Vliet Complex  
 University of Alberta  
 Edmonton, AB T6G 2H9**