



FACULTY OF | UNIVERSITY OF  
MEDICINE | CALGARY

**My Gift to the Dr. Bryan Ward Memorial Endowment Fund**

I would like to make a **one-time gift** of \$ \_\_\_\_\_.

**OR**

I would like to make a **recurring gift** of \$ \_\_\_\_\_ every:  **Month**  **Quarter**  **Six Months**  **Year**  
for a period of \_\_\_\_\_ year(s) for a total gift of \$ \_\_\_\_\_.

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**TAX RECEIPT MAILED TO:**

Name: \_\_\_\_\_

VISA  MasterCard  AMEX  Cheque

Address: \_\_\_\_\_

Credit Card # \_\_\_\_\_

City: \_\_\_\_\_

Credit Card Expiry Date: \_\_\_\_\_

Province: \_\_\_\_\_

Name of cardholder: (Please print)

Postal Code: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_

Signature of cardholder:

Business Phone: \_\_\_\_\_

\_\_\_\_\_

**Note:** tax receipt will be issued to the cardholder

**CHEQUES:**

Cheques to be made **payable to The University of Calgary** and mailed to:

Fund Development, Faculty of Medicine  
Health Sciences Centre  
3330 Hospital Drive NW  
Calgary, AB, T2N 4N1  
Ph (403) 210-3964 Fax (403) 210-8141

*Charitable Registration #: 10810-2864-RR0001.*

*The personal information on this form is collected in accordance with the Alberta Freedom of Information and Protection of Privacy Act for the express purpose of charitable support of the University of Calgary.*