

WCVM | Equine Health Research Fund

YES, I want to support the WCVM Equine Health Research Fund.

I/We would like to help by giving a gift of \$_____.

This will be a:

- One-time gift
- Monthly gift of \$_____ for _____ months
- Annual gift of \$_____ for _____ years

I would like to pay by:

- Cheque or money order
- Visa, MasterCard or American Express
(please fill out reverse side of card)
- Post-dated cheques
(for monthly gifts only)
- Pre-authorized debit
(please see instructions on reverse side of card)

Some employers match their employees' gifts to charitable organizations like the EHRF. If your employer follows this practice, please complete:

Yes, my company will match my gift. I work for:

(name of company)

This is a joint gift with: _____

SEND CONTRIBUTIONS TO:

EQUINE Health Research Fund
University of Saskatchewan
52 Campus Drive
Saskatoon, SK S7N 5B4

Please make cheque payable to the University of Saskatchewan.

Receipts for income tax purposes will be issued for all donations.

Canada Revenue Agency
Charitable Organization Registration
No. 11927 9313 RR0001



UNIVERSITY OF
SASKATCHEWAN

ehrf.usask.ca



EQUINE Health Research Fund

CREDIT CARD PAYMENT: _____ - _____ - _____ - _____
 Visa MasterCard American Express

Name as shown on card: _____

Signature: _____

Card expiry date: ____ / ____ (month/year) Is this a corporate credit card? Yes No

If yes, please provide the name of the company: _____

Date: _____

PRE-AUTHORIZED DEBIT OPTION: If you wish to donate through automatic withdrawals from your bank account, please complete and return a Pre-Authorized Debit (PAD) Agreement found on our website at www.usask.ca/pad or contact our office at 1-800-699-1907 to have the agreement mailed to you for completion.

ELECTRONIC OPTIONS, 24 HOURS A DAY: Visa, MasterCard or American Express by telephone: **1-800-699-1907** Online Secure Gift Form: **www.usask.ca/makeagift**

PLANNED GIVING:

- Yes, I would like to receive information about leaving a bequest in my will to the EHRF.
- Yes, I have remembered the EHRF in my will.

Thank you!

In recognition of your gift, the University of Saskatchewan is proud to honour donors through invitations to special events, listings in online and print publications, and updates on the impact of your gift to the university.

Email address: _____

Your preferred published name: _____

If you choose not to be publicly recognized for your gift, we will honour your wishes.

Please check any of the following:

- Please do not publish my name with regard to this gift.*
- Please do not publish my name with regard to all gifts.*



ONLINE HORSE HEALTH RESOURCES

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