

UBC Donation Form

Yes, I wish to support HeadsUpGuys - G1745**Personal Information:**

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss ☐ Dr. ☐ Other: _____

FIRST NAME

LAST NAME

COMPANY NAME (OPTIONAL)

STREET ADDRESS

CITY

PROVINCE

POSTAL CODE

COUNTRY

PHONE NUMBER

EMAIL ADDRESS

Gift Amount:

☐ I wish to make a one-time gift of: ☐ \$200 ☐ \$500 ☐ \$1,000 ☐ Other _____

☐ I wish to make a monthly gift of: ☐ \$20/mth ☐ \$40/mth ☐ \$75/mth ☐ Other _____

Payment Options: *(select one)*

☐ I have enclosed a cheque payable to the University of British Columbia.
For monthly contributions, please provide a cheque marked "VOID". Contributions will be withdrawn from your account on the 15th of each month.

☐ Please charge my credit card: ☐ Visa ☐ MasterCard ☐ Amex
For monthly contributions, please note that your credit card will be charged on the 30th of each month.

CARD NUMBER

EXPIRY DATE (MM/YY)

NAME ON CARD

SIGNATURE

PLEASE NOTE: For your protection, we cannot accept credit card information by email.

2025-26 SS - MED - HeadsUpGuys - LGF

Thank you for your support!

Please print out this form and fill in by hand. Mail the completed form, with your donation, to:
Development & Alumni Engagement: 500 - 5950 University Boulevard, Vancouver, BC Canada V6T 1Z3
Telephone: 604.827.4111 or Toll-free 1.877.717.GIVE Online: give.ubc.ca/headsupguys