

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Telephone: \_\_\_\_\_  
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Please check box and provide your current email address above if you would like to receive your income tax receipt electronically. (No paper copy will be issued.)

**In support of Queen's University, I am pleased to make a gift of \$ \_\_\_\_\_ to the:**  
 James A. Low Fellowship in Obstetrics and Gynaecology (LOW-FELLOW-OBGYN)  
 Other: \_\_\_\_\_  
*To give online, please go to: [www.givetoqueens.ca/jamesalow](http://www.givetoqueens.ca/jamesalow)*

**Payment Method** (please check one)

**Payment Schedule** (please check one)

- Cheque (payable to Queen's University)
- Electronic Funds Transfer, as outlined in Pledge Schedule  
*[please include void cheque (only on Canadian Banks); EFT payments are processed on the first business day of the month]*
- MasterCard    American Express    Visa

- One-Time
- Pledge (complete schedule below)

**Pledge Schedule** (may schedule up to 5 years / 60 months)

- Monthly
- Quarterly
- Semi-Annually
- Annually

Instalments of \$ \_\_\_\_\_

For a total gift of \$ \_\_\_\_\_

Beginning on \_\_\_\_ / \_\_\_\_  
*Day / Month*

Credit card number

\_\_\_\_ / \_\_\_\_  
Expiry date

Cardholder's signature (please sign for validation)

Name on Card

Signature (please sign for pledge commitment)

**Monthly, Quarterly, and Semi-Annual gift instalments are receipted at year-end.**

**COMPLETE THIS SECTION ONLY IF YOUR GIFT IS IN HONOUR OR IN MEMORY**

I authorize Queen's University to notify the honouree or family of my donation and my contact information. (Amount will NOT be disclosed)

I wish to dedicate my gift:       In Honour       In Memory

Person to recognize: \_\_\_\_\_

Personal Message: \_\_\_\_\_

- I wish my gift and my name to be anonymous.
- Please give equal recognition credit for this gift to my spouse. Name: \_\_\_\_\_
- From this point forward, please **do not** publish my/our name(s) in any donor publications.  
Note: Donor name(s) and/or Appreciation Society levels will be included in donor publications and not individual gift amounts.
- I work for a Matching Gift Company. I will apply.
- I would like to receive information on bequests and estate planning.

**Please direct donations or related inquiries to:**

William Leacy, Executive Director of Development and Partnerships, Faculty of Health Sciences, Queen's University, Kingston, ON K7L 3N6

Tel: 1-800-267-7837 (North America) or 1-613-533-2060 Ext 75446 Email: [william.leacy@queensu.ca](mailto:william.leacy@queensu.ca)

*Note: An official charitable receipt will be issued for your donation under Charitable Registration Number 10786 8705 RR0001.*

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