



The University of Lethbridge Pronghorns women's basketball program has plenty of reasons to be proud.

Cheered on by the southern Alberta basketball community, fellow athletes, alumni, faculty, staff and students, the U of L women's basketball team has long been renowned for the high calibre of student athletes on the court and the commitment of these women to their sport.

These characteristics still hold true and as a Pronghorn alumna or proud supporter, you recognize the significance of these accomplishments. You also appreciate that these achievements are the result of a well-rounded women's basketball program that includes state-of-the-art facilities, elite training opportunities and unique community engagement initiatives. Together, these elements have established a successful women's basketball program that makes our student athletes proud to wear our blue and gold.

To ensure the continued success of the program, Pronghorns women's basketball alumni have come together to establish the Pronghorns Women's Basketball Program Advancement Endowment, which will be used to advance and enhance the program.

By making a gift, you contribute to the success of student athletes and increase the reputation and reach of Pronghorns women's basketball. Your commitment demonstrates the loyalty and leadership we have come to expect from our Pronghorns.



University of Lethbridge | Gift Form

PRONGHORNS WOMEN'S BASKETBALL PROGRAM ADVANCEMENT ENDOWMENT

PERSONAL INFORMATION

Name (Dr. / Mr. / Mrs. / Ms.) _____

Donor Recognition _____

Name(s) you would like to appear for recognition purposes OR ___ I/We would like to remain anonymous.

Affiliation to the U of L: _____

Please list all of your affiliations. i.e.: Faculty, Staff, Alumni, Board, Senate, Retiree, Pronghorn Alumni (sport/year)

Address _____

City _____ Province _____ Postal Code _____

Home Phone _____ Work Phone _____ E-mail _____

GIFT/PLEDGE

YES, I/we wish to support the U of L Pronghorns Women's Basketball Program Advancement Endowment

___ Founder Level (\$2,500 or more)

___ Supporter Level (up to \$2,499)

I/We wish to contribute:

___ Ongoing monthly gifts of \$ _____ commencing ____/____ (mm/yy) for _____ months.

___ Ongoing annual gifts of \$ _____ commencing ____/____ (mm/yy) for _____ years.

___ One time gift \$ _____

Method of Payment and Authorization

___ Cheque(s) payable to the "University of Lethbridge" (enclosed)

___ Automatically debit my bank account on the 15th of every month in the amount specified above (VOID cheque enclosed)

___ Credit Card

___ Mastercard ___ VISA

I authorize the U of L to charge my credit card accordingly for the specified amount.

No.

Expiry Date: ____/____ (mm/yy)

I understand that I may change or cancel this authorization with 30 days notice at any time.

SIGNATURE _____ **DATE** _____

Please complete and return form to:

University of Lethbridge, University Advancement, A735 University Hall, 4401 University Drive, Lethbridge, Alberta, T1K 3M4
Phone: 403-329-2582 | Fax: 403-329-5130 | advancement@uleth.ca | www.uleth.ca/advancement

THANK YOU FOR YOUR GIFT!

The personal information you provide in this form is being collected in accordance with FOIPP guidelines for the purposes of fundraising, donor relations, internal auditing procedures and other activities necessary to conduct the business of University Advancement at the University of Lethbridge. Charitable Reg. No. 11927 9248 RR0001. Solicitation Code PWBPAE