

## **GIFT COMMITMENT FORM** The RALUT Endowed Memorial Award at the University of Toronto

NAME					
ADDRESS					
PHONE	FAX				
E-MAIL					
Donation Payment Optic	ns (please check or	e)			
<u>Option #1</u>					
□ Cheque enclosed (mad	e payable to Universi	ty of Toronto) in th	e amount c	of §	S
Post-dated cheque(s) enclosed in the amount of				:	\$
<u>Option #2</u>					
Credit Card payment in the amount of				9	S
□ VISA □ MasterCard	□ AMEX Card #:	//		Exp:	/
Name of Cardholder:		Signature: _			
Please charge Monthly/Qu	uarterly/Semi-Annuall	y/Annually (please	circle one)	:	
Installment(s) of \$	for a total of \$	a total of \$ Beginning in		_ (month), 20	
		Ending in		(month)	, 20