



## GIFT RECOGNITION FORM

We would like to recognize your generous gift according to your wishes.  
Please indicate your preferences (check all that apply).

- I would like to receive a certificate of recognition.
- I am prepared to provide a testimonial for publication.
- I agree to have my name appear in Concordia University's annual report as follows:

Name:

\_\_\_\_\_

- I agree to have my name appear in Concordia University's Board of Governors annual report as follows:

Name:

\_\_\_\_\_

- I agree to have my name appear in Concordia University's Senate annual report as follows:

Name:

\_\_\_\_\_

- I wish to meet with you to discuss other options regarding my personal recognition.
- I wish to remain anonymous.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## THANK YOU!

We remain available to meet with you and your professional advisors for any further clarification.

Send to: **Silvia Ugolini**

Principal Director, Planned Giving

Tel: 514-848-2424, ext. 8945 / Fax: 514 848-2826

**[silvia.ugolini@concordia.ca](mailto:silvia.ugolini@concordia.ca)**

1455 De Maisonneuve Blvd. W., Suite FB 520, Montreal, Quebec, H3G 1M8