



PLEASE FAX OR MAIL THIS FORM TO YOUR LOCAL CANADIAN FRIENDS OF BAR-ILAN UNIVERSITY OFFICE.

* indicates required information

| | | | |
|-------------------|----------------------|---------------|----------------------|
| First Name*: | <input type="text"/> | Last Name*: | <input type="text"/> |
| Title: | <input type="text"/> | Organization: | <input type="text"/> |
| Address*: | <input type="text"/> | City*: | <input type="text"/> |
| Province/State*: | <input type="text"/> | Country: | <input type="text"/> |
| Postal/Zip Code*: | <input type="text"/> | | |
| Home Phone*: | <input type="text"/> | Work Phone: | <input type="text"/> |
| E-mail: | <input type="text"/> | | |

Please send a Tribute Card to:

IN HONOUR OF

IN MEMORY OF

| | | | |
|--|----------------------|-------------|----------------------|
| First Name*: | <input type="text"/> | Last Name*: | <input type="text"/> |
| Address*: | <input type="text"/> | City*: | <input type="text"/> |
| Province/State*: | <input type="text"/> | Country: | <input type="text"/> |
| Postal/Zip Code*: | <input type="text"/> | | |
| Personal Message: (maximum 20 words) | <input type="text"/> | | |

How would you like the card to be signed?

Gift in support of:

Use my gift in the area of highest priority within the University

Direct my gift to the following area of the University:

Amount* (in CDN dollars)

Type of Credit Card*

Credit Card Number*

Card Holder's Name*

Please find enclosed a cheque payable to
the Canadian Friends of Bar-Ilan University

Expiry Date*