

## PLACES & SPACES PLEDGE FORM

### DONOR INFORMATION

NAME

ADDRESS

CITY PROVINCE

POSTAL CODE TELEPHONE

EMAIL

### PAYMENT INFORMATION

I plan to make this donation by:

- cash  cheque  pre-authorized debit  
 credit card

NAME ON CARD

CARD #

EXPIRATION CVS

Note: Tax receipts will be issued for all funds donated up until December 31 of each year. The campaign committee will respect the confidentiality of everyone who donates.

### PLEDGE INFORMATION

I pledge a total of \$\_\_\_\_\_ to be paid:

- immediate gift on \_\_\_ | \_\_\_ | \_\_\_ (mm/dd/yyyy)  
 monthly, for \_\_\_\_\_ months, beginning  
\_\_\_ | \_\_\_ | \_\_\_ (mm/dd/yyyy)  
 annually, to be paid in three annual payments of:  
\$\_\_\_\_\_ on \_\_\_ | \_\_\_ | \_\_\_ (mm/dd/yyyy)  
\$\_\_\_\_\_ on \_\_\_ | \_\_\_ | \_\_\_ (mm/dd/yyyy)  
\$\_\_\_\_\_ on \_\_\_ | \_\_\_ | \_\_\_ (mm/dd/yyyy)

### ACKNOWLEDGEMENT INFORMATION

- please use the following name in all acknowledgements:

- I wish to have our donation remain anonymous.

AUTHORIZED SIGNATURE

DATE