

SCS Capital Campaign



PLEDGE FORM

Thank you for your support and generosity.

Donor Information: (Please Print)

Name(s):

Name(s) to appear on tax receipt (if different from above):

Mailing address:

.....

CITY

PROVINCE

POSTAL CODE

.....

PHONE

EMAIL

Pledge Information

I (we) 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)

Payment Information

I (we) plan to donate by:

Cheque (payable to Surrey Christian School) Pre-authorized debit (please complete form on reverse)

Credit card (please pay online at www.surreychristian.com)

Authorizing Signature(s)

Date: ____/____/____ (mm/dd/yyyy)

*Tax receipts will be issued for all funds donated up until December 31st of each year.

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Pre-Authorized Payment Information

Automatic funds transfer is a convenient way to make contributions by direct deposit to Surrey Christian School from your bank account. Please complete the following:

Account Holder Information (please print)

Donor name(s):

Billing address:

City:

Prov:

PC:

Phone:

Email:

Void cheque is enclosed

Bank information sheet is enclosed

Periodic Automatic Fund Transfers

I (we) authorize Surrey Christian School and my/our financial institution (indicated on the enclosed void cheque or bank information sheet) to begin periodic automatic fund transfers on my behalf, as noted above.

Monthly withdrawal: \$

Beginning: ____/____/____ (mm/dd/yyyy), ending: ____/____/____ (mm/dd/yyyy)

One Time Fund Transfer

I (we) plan to make this donation in the form of:

One Time Withdrawal: \$ on ____/____/____ (mm/dd/yyyy)

I/we may revoke authorization at any time, subject to providing a 10-day written notice. I/we have the right to receive reimbursement for any debit that is not authorized or not consistent with this PAP agreement. To obtain a sample cancellation form, or for more information on account holder's rights to cancel a PAP agreement, I/we may contact my financial institution or visit: www.cdnpay.ca.

Account holder(s) signature

Name:

Signature:

Date:

Name:

Signature:

Date:

Office Use Only

Development Office

Finance Office

Received by:

Received by:

Date received:

Date received:

Processed by:

Processed by:

Thank you date:

Notes: