

PLEDGE COMMITMENT FORM

First Name: _____ Last Name: _____

Organization (if applicable): _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Country: _____ Phone (day): _____

Phone (alternate): _____ Email: _____

PLEDGE COMMITMENT

I pledge \$ _____ to The Charles H. Best Diabetes Centre designated to The Building on the Best Expansion Campaign.

I would like pledge reminders mailed to the address above. Please send reminders beginning on _____ (m/d/yy).

Acknowledgement Information

Please use the following name(s) in all acknowledgments, or indicate wish to remain anonymous.

PAYMENT METHOD

Pledge

One-time Gift

Gift-In-Kind

Donation Amount: \$ _____

Annual Pledge Payment: _____

Pledge Begins: _____

Pledge Period: **1 2 3 4 5 years or OTHER** _____

Preferred Pledge process date: _____

Pledge Schedule: **Weekly Bi-weekly Monthly Bi-monthly Annually Other** _____

Credit Card

Cheque

E-transfer

Cardholder's Name: _____

Card TYPE: _____

Card NUMBER: _____ EXP _____ CVV _____

Signature: _____ If typing, insert date & Initials

