



Pledge Form

Please Print Clearly.
Have questions? Please call 1-855-622-7722.

1) My info

Katie Heagle	Nanaimo	1620 - 524
Name of Participant Being Supported	Animal Centre Location	Constituent ID - Fundraiser Page ID

Individual Organization

If from organization, use First & Last Name for the contact person. Receipt will be issued in organization name, and sent to the contact's attention

First Name*	MI.	Last Name*
Organization*		
Suite/apt. No	Street*	
City*	Prov/State*	Postal Code/ZIP*
Phone (REQUIRED)*		E-mail Address* (REQUIRED FOR E-RECEIPT)

2) Gift details

Amount \$ _____

How would you like to be recognized online?

- Donor name (same as above)
- Anonymous
- Name for Recognition: _____

3) Payment *On behalf of the animals, thank you for supporting the BC SPCA.*

<input type="radio"/> Cheque or Money order - Payable to BC SPCA When can we expect it? _____									
<input type="radio"/> Cash When can we expect it? _____									
<input type="radio"/> Credit Card <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> AMEX	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 70%; height: 25px;"></td> <td style="border: 1px solid black; width: 30%; height: 25px;"></td> </tr> <tr> <td style="font-size: small;">Card Number</td> <td style="font-size: small;">Expiry Date</td> </tr> <tr> <td style="border: 1px solid black; width: 70%; height: 25px;"></td> <td style="border: 1px solid black; width: 30%; height: 25px;"></td> </tr> <tr> <td style="font-size: small;">Cardholder Name</td> <td style="font-size: small;">CVC</td> </tr> </table>			Card Number	Expiry Date			Cardholder Name	CVC
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For Internal Use Only:	
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Fund	RE Batch Number

- All donations will be credited in Canadian dollars.
- All donations are 100% tax receiptable, and are non-refundable and non-transferable.
- Donations of \$10 or more will automatically receive a tax receipt.
- The BC SPCA does not sell, rent, trade or otherwise share the names of our supporters