



# Pledge Form

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

## 1) My info

Diane Nishikihama	Tri-Cities	1822	-	465
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

<b>Amount \$</b> _____
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### 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"/> <b>Cheque or Money order -</b> Payable to BC SPCA <b>When can we expect it?</b> _____									
<input type="radio"/> Cash <b>When can we expect it?</b> _____									
<input type="radio"/> <b>Credit Card</b> <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> AMEX	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black; width:70%;"></td> <td style="border-bottom: 1px solid black; width:30%;"></td> </tr> <tr> <td>Card Number</td> <td>Expiry Date</td> </tr> <tr> <td style="border-bottom: 1px solid black; width:70%;"></td> <td style="border-bottom: 1px solid black; width:30%;"></td> </tr> <tr> <td>Cardholder Name</td> <td>CVC</td> </tr> </table>			Card Number	Expiry Date			Cardholder Name	CVC
Card Number	Expiry Date								
Cardholder Name	CVC								

<b>For Internal Use Only:</b>	
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