

For Internal Use Only:

RE Batch Number

Fund

## **Pledge Form**

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

## 1) My info

Kiara Jones	Shuswap	2054 - 742
Name of Participant Being Supported	Animal Centre Location	Constituent ID - Fundraiser Page ID
Individual Organization from organization, use First & Last Nament to the contact's attention	ne for the contact person. Receipt wi	ill be issued in organization name, and
First Name*	MI. Last Name*	
Tilstranic		
Organization*		
Suite/apt. No Street*		
City *	Prov/State*	Postal Code/ZIP *
Phone (REQUIRED)*	E-mail Address* (REQUIRE	D FOR E-RECEIPT)
		•
2) Gift details	_	ı like to be recognized online?
Amount \$  B) Payment On behalf o	O Donor name ( O Anonymous O Name for Rec	(same as above)
Amount \$	O Donor name ( O Anonymous O Name for Rec	(same as above)
Amount \$  S) Payment On behalf of the control of th	O Donor name ( O Anonymous O Name for Rec	(same as above)
Amount \$  S) Payment On behalf of the control of th	O Donor name ( O Anonymous O Name for Rec	(same as above)

• All donations will be credited in Canadian dollars.

non-transferable.

our supporters

 $\bullet \;\;$  All donations are 100% tax receiptable, and are non-refundable and

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