

For Internal Use Only:

RE Batch Number

Fund

## **Pledge Form**

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

## 1) My info

Sally Freeman	Comox Valley	2087 - 561
Name of Participant Being Supported	Animal Centre Location	Constituent ID - Fundraiser Page ID
Individual Organization f from organization, use First & Last Nar	ne for the contact person. Receipt will	be issued in organization name, and
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)
Amount \$  3) Payment On behalf of	O Anonymous O Name for Reco	for supporting the BC SPCA.
<ul> <li>Cheque or Money order -         Payable to BC SPCA         When can we expect it?     </li> <li>Cash</li> </ul>		
When can we expect it?		
<ul><li>Credit Card</li><li>Visa</li><li>Mastercard</li><li>AMEX</li></ul>	Card Number	Expiry Date
	Cardholder Name	CVC

• 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