

For Internal Use Only:

RE Batch Number

Fund

## **Pledge Form**

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

## 1) My info

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Faith Clow	Richmond	2176 - 630
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 wil	l 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 \$  Payment On behalf or	Donor name (s     Anonymous     Name for Reco	
Or Dentil Of Dentil Of Dentil Of Of Denti	the arminais, thank you	
O Credit Card  Visa  Mastercard  AMEX	Card Number	Expiry Date

• 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