

For Internal Use Only:

RE Batch Number

Fund

Pledge Form

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

1) My info

Kim Hirst	Comox Valley	2196 - 755
Name of Participant Being Supported	Animal Centre Location	Constituent ID - Fundraiser Page II
Individual Organization from organization, use First & Last Narent to the contact's attention	ne for the contact person. Receipt wi	ill be issued in organization name, and
First Name*	MI. Last Name*	
FIISTINAITE	Last Name	
Organization*		
Suite/apt. No Street*		
City*	Prov/State*	Postal Code/ZIP *
Phone (REQUIRED)*	E-mail Address* (REQUIRE	D FOR E-RECEIPT)
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	O Donor name (like to be recognized online? (same as above)
Amount \$ Payment On behalf o	O Donor name (O Anonymous O Name for Rec	(same as above)
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On behalf of the control of the cont	O Donor name (O Anonymous O Name for Rec	(same as above) cognition: for supporting the BC SPC
On behalf of the control of the cont	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