

For Internal Use Only:

RE Batch Number

Fund

## **Pledge Form**

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

## 1) My info

Makayla MacFarlane	Kelowna	2385 - 911
Name of Participant Being Supported	Animal Centre Locatio	n Constituent ID - Fundraiser Page ID
Individual Organization  f from organization, use First & Last Nar sent to the contact's attention	me for the contact person. Rece	eipt will be issued in organization name, and
First Name*	MI. Last Name*	
The Traine		
Organization*		
Suite/apt. No Street*		
City*	Prov/State*	Postal Code/ZIP *
Phone (REQUIRED)*	E-mail Address* (REQ	UIRED FOR E-RECEIPT)
Amount \$  3) Payment On behalf of	O Anonym O Name fo	ame (same as above) for Recognition:  you for supporting the BC SPCA.
O Cheque or Money order - Payable to BC SPCA When can we expect it?		
O Cash When can we expect it?		
O Credit Card  Visa  Mastercard	Card Number	Expiry Date
∐ AMEX	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