

For Internal Use Only:

RE Batch Number

Fund

## **Pledge Form**

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

## 1) My info

Opy McGillicutty	Comox Valley		2402	- 925
Name of Participant Being Supported	Animal Centre Location		Constituent II	D - Fundraiser Page ID
Individual Organization f from organization, use First & Last Nar	me for the contact per	rson. Receipt will	be issued in orgo	anization name, and
First Name*	MI.	Last Name*		
Organization*				
Suite/apt. No Street*				
City*	Prov	//State*	Postal Code/ZIP*	
Phone (REQUIRED)*	E-mail Addres	ss* (REQUIRED	FOR E-RECEIP	T)
Amount \$  B) Payment On behalf of		Donor name (s Anonymous Name for Reco	gnition:	ng 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?				
O Credit Card Visa Mastercard AMEX	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