

For Internal Use Only:

RE Batch Number

Fund

## **Pledge Form**

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

## 1) My info

Paola Wilford	Areas of Greatest Need	2420 - 935
Name of Participant Being Supported	Animal Centre Location	Constituent ID - Fundraiser Page ID
Individual Organization  f from organization, use First & Last Nar sent to the contact's attention	ne 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	PUIRED FOR E-RECEIPT)
Amount \$  3) Payment On behalf of	O Anonym O Name fo	name (same as above) nous or Recognition:  you for supporting the BC SPCA.
<ul><li>Cheque or Money order - Payable to BC SPCA</li><li>When can we expect it?</li></ul>		
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