

Pledge Form

Please Print Clearly.

Have questions? Please call 1-800-665-1868

1) My Info

Odin Sheppard	South	Okanagan 34	⁻ 316
Name of Participant you are supporting	g Locatio	on Constitu	uent ID - Fundraiser Page ID
OIndividual O Organization			
If from organization, use First & Last Name for t	he contact person. Receipt w	vill be issued in organization nam	e, and sent to the contact's attention.
First Name*	MI*. La:	st Name*	
Organization	,		
Suite/apt. No Street*			
City *	Prov/Sta	ate* Postal Code,	/ZIP *
Phone (REQUIRED)*	E-mail Address	* (REQUIRED FOR E-RECEIF	PT)
2) Gift details Amount \$ 3) Payment	0	ow would you like to be re Donor name (same as abo Anonymous Name for Recognition:	ove)
 Cheque or Money order Please make payable to <u>BC</u> 	SPCA - Attn: Champion: 1245 East 7th Av Vancouver, BC, V Or mail to your I	ve V5T 1R1	Please do not send cash.
Credit Card[] VISA[] Mastercard[] AMEX	Card Number		Expiry Date CVC
	Cardholder Name		CVC

On behalf of the animals, thank you for supporting the BC SPCA.

For Internal Use Only:		
Fund	RE Batch Number	

- All donations will be credited in Canadian dollars.
- All donations are 100% tax receiptable, and are non-refundable and non-transferable.
- $\bullet\,$ 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 our supporters.