

Pledge Form

Please Print Clearly.

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

1) My Info

| Anita Chow | | Areas of Gre | atest ⊠5 ed | ⁻ 120 |
|---|------------------|-----------------------------|--------------------------|-----------------------------------|
| Name of Participant you are supporti | ng | Location | Constituent | ID - Fundraiser Page ID |
| OIndividual O Organization | | | | |
| If from organization, use First & Last Name for | the contact pers | son. Receipt will be issued | in organization name, an | d sent to the contact's attention |
| First Name* | MI*. | Last Name* | | |
| Organization | | | | |
| Suite/apt. No Street* | | | | |
| City * | | Prov/State* | Postal Code/ZIP * | |
| Phone (REQUIRED)* | E-ma | ail Address* (REQUIR | ED FOR E-RECEIPT) | |
| 2) Gift details | l | | | |
| | | How would | you like to be recog | nized online? |
| | | O Donor na | me (same as above) | |
| Amount \$ | | O Anonymo | ous | |
| Amount y | | O Name for | Recognition: | |
| 3) Payment | | | | |
| Cheque or Money order | C CDCA Attur | Chamaiana fan Anim | | Please do not send cash. |
| Please make payable to <u>BC</u> | | East 7th Ave | ais | |
| | | ouver, BC, V5T 1R1 | | |
| | Or ma | ail to your local brand | ch. | |
| Credit Card[] VISA[] Mastercard[] AMEX | Card Numb | ler | | Expiry Date |
| | Cardholder | Name | | CVC |
| Signature: | | 5 . | | |

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.
- 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.