

# Campaign Pledge Form

PLEASE PRINT CLEARLY

DATE: \_\_\_\_\_

## DONOR NAMES

1.  Mr.  Mrs.  Ms.  Dr. \_\_\_\_\_

2.  Mr.  Mrs.  Ms.  Dr. \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Province/State: \_\_\_\_\_ Country: \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Name as I/We wish it to appear for recognition purposes: \_\_\_\_\_

I would like to remain anonymous on recognition materials.

## CONTRIBUTION INFORMATION

I (We) would like to donate \$\_\_\_\_\_. Attached is a cheque representing the total amount.

I (We) pledge \$\_\_\_\_\_ over \_\_\_\_\_ (up to 5) years. **Amount enclosed:** \$\_\_\_\_\_

The balance will be made in:  Monthly  Quarterly  Semi-annually  Annually **Or** other instalments (please specify) \_\_\_\_\_. (Pre-authorized Payment Available©)

I wish to designate my gift to:  General equipment  Ambulatory Care  Emergency Department  ICU/Cardiac Care  Maternity/Paediatrics  Surgery

## CHEQUE OR CREDIT CARD PAYMENT

I would like to contribute through:  Cheque (enclosed)  Visa\*  MasterCard\*

Attached are \_\_\_\_\_ postdated cheques representing payments indicated above. It greatly helps us administratively if you issue post-dated cheques totaling your pledge amount or I want to receive pledge reminders:  
 Yes  No (Make cheques payable to Vernon Jubilee Hospital Foundation)

I wish **ALL** future instalments automatically charged to my Visa or MasterCard account.

\* Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Signature: \_\_\_\_\_

## ©PRE-AUTHORIZED PAYMENT

Monthly withdrawals – Only available in Canada

For the duration of my pledge I would like my donation to be automatically withdrawn each month from my bank account on the  
 15<sup>th</sup> of each month **OR**  
 30<sup>th</sup> of each month  
Note: Please enclose a cheque marked "void" or fax a copy of the cheque and this form to VJH Foundation (250-558-4133)

I hereby request the Vernon Jubilee Hospital Foundation (VJHF) initiate an Electronic Funds Transfer (EFT) in the amount indicated on this form. I hereby authorize my bank, credit union or financial institution to pay such EFT and debit my bank account as specified on the date indicated. Delivery of this authorization to my bank constitutes delivery of it by myself and the treatment of each debit should be the same as if the undersigned had personally directed the payment as indicated. I understand that I may cancel this authorization at any time by written notice either to the VJHF or to my bank and that upon receipt VJHF shall cease withdrawals authorized by the agreement.

I acknowledge that I have read and understood all provisions above.

Signature \_\_\_\_\_

Date \_\_\_\_\_

## BUILDING A TOWER OF CARE

Vernon Jubilee Hospital Foundation  
2101 32<sup>nd</sup> Street, Vernon, BC V1T 5L2

Web-site: [www.towerofcare.org](http://www.towerofcare.org)

E-mail: [information@vjhfoundation.org](mailto:information@vjhfoundation.org)

Phone: 250-558-1362 Fax: 250-558-4133