



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 (Pre-authorized Payment Available) Quarterly Semi-annually Annually

Or other instalments (please specify) _____.

I wish to designate my gift to General equipment Ambulatory Care Day Surgery 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

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

* Card Number: _____ Expiry Date: ___/___

Signature: _____

Building a Tower of Care Campaign

c/o Vernon Jubilee Hospital Foundation

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