



# DONOR FORM

Donor Information (please print or type)

Name:

Billing address

City:

Province:

Postal Code:

Phone Home:

Phone Mobile:

Email:

## Pledge Information

I (we) pledge a total of \$\_\_\_\_\_ to be paid: now monthly quarterly yearly.

I (we) plan to make this contribution in the form of: cash cheque credit card other.

Credit card type:

Credit card number:

Exp. Date:

Authorized signature:

Gift will be matched by (company/family/foundation)

form enclosed form will be forwarded

## Acknowledgement Information

Please use the following name(s) in all acknowledgements:

I (we) wish to have our gift remain anonymous.

Signature(s):

Date:

Please make cheques, corporate matches, or other gifts payable to: Pace