

PLEDGE INFORMATION

YES, I /we want to contribute to A Home for Hospice: Pilgrims Hospice Capital Campaign!

It is my/our intention to contribute a total of \$ _____ .

I/we understand my pledge to the campaign must be fulfilled within five (5) years.

This pledge will be paid as follows (**choose one**):

- Full amount in a Single Payment: enclosed forthcoming, appx. date: _____
- Annual Multi-year Payments of \$ _____ for ___ 2 /3 /4 /5 years beginning _____ (year).
Annual reminders can be set up for multi-year pledges.
- Monthly payments of \$ _____ beginning on _____ (month/yr)
- Other payment arrangements: _____

PAYMENT OPTIONS

I/we plan to make my/our contribution in the form of:

- Cheque (payable to Pilgrims Hospice Society)
- Direct electronic funds transfer (EFT) from my chequing/savings account (*include void cheque*).
- Credit Card as provided below. *We are happy to accommodate your payment method preference. To avoid significant processing fees associated with credit card payments please consider cheque or EFT for gifts over \$2000.*

Card # _____ Expiry Date _____

Name on Card _____

- Gift of Securities Other _____

A Pilgrims Hospice development staff member will contact you with a Gift of Securities form.

- This gift will be matched by _____

Matching gift form: enclosed will be forwarded via mail or email

GIFT RECOGNITION

May we include your name in our list of donors? Yes No, please keep anonymous.

Please print name(s) EXACTLY as you wish it to appear for recognition: _____

- This gift is in memory/honour of: _____

- I am interested in discussing potential recognition/naming opportunities (*leadership level gifts*).

DONOR INFORMATION FOR RECEIPTING

Donor Type: Individual(s) Business/Organization _____

Name: _____

Address: _____

City: _____ Prov: _____ PC: _____

E-Mail: _____ Phone: _____

Signature: _____

Pilgrims Hospice Society Registered Charity # 89704 1455 RR0001