



More Wishes, More Wonders Campaign

Campaign Gift and Pledge Form

Donor Information

Individual Name _____

Organizational Name _____

Donor I.D. (if known) _____

Address _____

City _____

Province _____ Postal Code _____

Phone (h) _____

(b) _____

Email _____

Pledge Information

COMMITMENT (please print)

I/We, _____

wish to contribute to The Children's Wish Foundation of Canada

a total of: \$ _____

PLEDGE SCHEDULE

Monthly installments of \$ _____

for 5 years

or _____ years

Annual installments of \$ _____

for 5 years

or _____ years

One-time donation of \$ _____

Other: _____

Preferred Method of Payment

BY CHEQUE

First installment is enclosed OR

First installment will be paid on _____ / _____ / _____
(dd / mm / yyyy)

BY DEBIT/PRE-AUTHORIZED OR CREDIT CARD

First installment will be paid on 01 / _____ / _____
(dd / mm / yyyy)

Chequing account (a void cheque is attached)

Visa MasterCard American Express

Card Number: _____

Expiry Date: _____ / _____
(mm / yyyy)

Name on Card: _____

BY GIFTS OF STOCK SECURITIES

Subsequent installments to be paid annually by _____ / _____
(mm / yyyy)

of each year of the pledge

(you will be reminded annually by letter)

Recognition

For the purpose of recognition, I/we would like my/our name to appear as follows (please print):

Or, I/we wish to remain anonymous.

Signature _____

Date _____

Form submitted by _____