

PLEDGE COMMITMENT FORM

First Name: _____ Last Name: _____

Organization (if applicable): _____

Address: _____

City: _____ Province: _____ Postal Code: _____ Country: _____

Phone (day): _____ Phone (alternate): _____ Email: _____

PLEDGE COMMITMENT

I pledge \$ _____ to The Charles H. Best Diabetes Centre designated to
The Capital Building Campaign.

I would like pledge reminders mailed to the address above. Please send reminders beginning on
_____ (date).

Acknowledgement Information

Please use the following name(s) in all acknowledgments, or indicated wish to remain anonymous:

PAYMENT METHOD

Pledge Amount: \$ _____

Annual Pledge Payment: _____

Pledge Begins: _____ (date)

Pledge Period: _____ circle one **1 - 3 - 5 - 10 years** or **OTHER**

Preferred Pledge process date: _____

Cardholder's Name: _____

Card TYPE:

Card NUMBER; _____ EXP _____ CVV _____

Signature; _____

Privacy Policy: The Charles H. Best Diabetes Centre is committed to protecting the privacy and confidentiality of your personal information. We value your trust and recognize that maintaining this trust requires that we be open and accountable in our treatment of the personal information that you choose to share with us. We do not lend, rent or sell your information. Personal information collected by The Charles H. Best Diabetes Centre is kept in strict confidence. Registered Charity # 13662 3295 RR0001.

