



## PLEDGE COMMITMENT FORM

**Please complete this form and return to:**

47 Liberty Street South, Bowmanville, ON L1C 2N4

T: 905.623.3331 x 21355 E: bmatovic@lh.ca

### PERSONAL INFORMATION

Mr.  Mrs.  Dr.  Mr. & Mrs.  Ms.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Spouse Name: \_\_\_\_\_

Organization (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Phone (Day): \_\_\_\_\_ Phone (Alternate): \_\_\_\_\_ Email: \_\_\_\_\_

### PLEDGE COMMITMENT

I pledge \$ \_\_\_\_\_ to Bowmanville Hospital Foundation designated to the redevelopment and expansion project for Bowmanville Hospital.

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

Annually  Quarterly

#### Acknowledgement Information

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

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

### PAYMENT METHOD

Pledge Amount: \$ \_\_\_\_\_ Annual Pledge Payment: \$ \_\_\_\_\_

Pledge Begins: \_\_\_\_\_ (date)

Pledge Period:  3 years  5 years  10 years  Other \_\_\_\_\_

Preferred Pledge Process Date: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_

Card Type:  VISA  MasterCard  American Express  Cheque

Card Number:

Expiry Date (mmyy):     Card Security Code:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Privacy Policy: Bowmanville Hospital Foundation is strongly 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 Foundation is kept in strict confidence.

**Thank You!**

Charitable Registration No. 11924 4903 RR0001

