

PLEDGE COMMITMENT FORM



Please complete this form and return to:
220 - 71 Mearns Ct. Bowmanville, ON L1C 4N4
T: 905.623.3331 x 21388 E: bdainton@lh.ca

First Name: _____ Last Name: _____ Spouse Name: _____

Organization (if applicable): _____

Address: _____

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

Phone (Day): _____ Phone (Alternate): _____ Email: _____

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

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

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

PAYMENT INFORMATION

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: _____ CVV: _____

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