

DONATION PLEDGE FORM



Tell us about yourself!

First Name

Middle Name

Last Name

Email Address

Contact Number

Mailing Address for Tax Receipt Purposes

City/Town

Postal Code

Province

Your name as you would like it
to appear in published materials

Please do not publish my name

I would like to receive the
Stations e-newsletter

I am interested in knowing the
impact of my gift

I would like my tax receipt
mailed instead of emailed

Your Contribution

\$ _____
I want to give help where it is needed most which is...

The Bubble Fundraising Campaign **OR**

Interested in more than just a one time gift?

List a specific area you would like your donation to go to

\$ _____
Gift Amount For how many months/years?
(please circle one)

\$ _____
My TOTAL pledge to the Station

Donor Signature

Station Arts Centre Co-Operative Signature

Date

Date