IT TAKES A VILLAGE,
IT TAKES A QMUNITY

PLEDGE FORM

Donor Services
ID:
Pledge Number:
Campaign:
Designation:

Donor Information:

Donor Name: _____ Title: _____

Company: _____

Acknowledgment: _____

Name you would like to appear for donor recognition purposes or ☐ *I would like to remain anonymous*

Address: _____ Postal/Zip Code: _____

Phone: _____ Fax: _____ Email: _____

Pledge Options:

☐ **I would like to make a monthly gift of:**

$_____

☐ I would like to make a one-time gift of:

$_____

I would like to make an annual gift of:

☐ $_____	Year 1	Date: _____
☐ $_____	Year 2	Date: _____
☐ $_____	Year 3	Date: _____
☐ $_____	Year 4	Date: _____

Designate by gift for:

- ☑ Unrestricted
- ☐ Programs
- ☐ Indigenous Design
- ☐ Operations
- ☑ Naming

Payment Options:

☐ Visa / MC Number: _____ Expiry: _____

☐ Monthly Electronic Funds Transfer. Transfer funds on the 1st/15th *(circle one)* day of the month.
(Please attach a void cheque) *(If not specified, transfers will take place on the 1st)*

I authorize QMUNITY to debit my credit card or bank account in the amount and on the days indicated above. I understand that I may change or cancel the payments at any time by notifying QMUNITY in writing.

Signature: _____ ***Date:*** _____

☐ Cheque *(Payable to QMUNITY).* ☐ Cash

Please read and sign below:

The information on this pledge form accurately describes my charitable intent. If in the future the pledge cannot be utilized for the outlined purpose, then it may be used for another related purpose approved by the Executive Director of QMUNITY. The revised purpose will fall within the general aims and objectives of QMUNITY while at the same time honouring my original wishes.

Signature: _____ ***Date:*** _____

Please return to

QMUNITY
Michael Robach - Director, Development
1170 Bute St.
Vancouver, BC
V6E 1Z6

or contact us for more information:

(604) 684-5307

Thank you for your gift!