

Agassiz Medical Centre Community Board Pledge Form

Name(s) making pledge _____

Address _____

Phone _____

Email _____

Clinic Development Project _____

Purchase of medical equipment, furnishings and technology _____

Total amount of pledge

_____ \$10,000 _____ \$5,000 _____ \$2,500 _____ \$1,000 _____ other \$ _____

_____ cheque _____ cash _____ credit card (we will call you for information)

_____ automatic withdrawal (chequing or saving account - **please attach a void cheque**)

Installments of \$ _____ To be paid over (number) _____ years (up to 5 years)

_____ monthly _____ quarterly _____ semi-annually _____ annually

The first payment to begin on _____

Signature _____

Date _____

Acknowledgement:

How would you like your name listed on the donor wall?

*All contributions are tax deductible to the extent provided by law
A year end tax receipt will be issued*

Thank you very much for your support!