

DONOR PLEDGE FORM

Mr. Mrs. Ms.

Name _____

Title _____

Company _____

Address _____

City _____

Province _____ Postal Code _____

Home Telephone (_____) _____

Business Telephone (_____) _____

Fax (_____) _____

E-mail _____

Total Gift or Pledge Amount: \$ _____ over _____ years.

monthly payment

annual payment

other, specify _____

Method of payment (check one)

Cheque(s)

Visa/MC # _____ Exp. _____

Other (please state) _____

Payroll deduction for Georgian College (see internal gift pledge form)

Donor recognition information

Please state how you would like your name(s) to appear:

Date

Authorizing Signature

Gift information

Please state where you would like to designate your gift:

Annual gift

Reminders will be sent annually in November for five years, unless otherwise specified. Receipts will be issued for income tax purposes.

Thank you for your support.

Georgian College respects the privacy of our donors. Information collected will be used to keep you informed about activities and opportunities to support Georgian College.

I do not wish to allow my name to be used for these purposes

I wish to remain anonymous