

CAMPAIGN PLEDGE FORM

Email completed form to aboyneruralhospice@gmail.com or print and return by mail to the address located at the bottom of this document.

I / We would like to make a contribution of \$ _____ to the Aboyne Rural Hospice payable over _____ years.



DONOR INFORMATION

Name of Donor: _____

Mailing Address: _____

City and Province: _____ Postal Code: _____

Phone: _____

Email: _____

Recognition Name: (name to appear on donor listings, if different from above) _____

I wish to remain anonymous.

GIFT PAYMENT OPTIONS

I / We pledge a total gift of \$ _____ over a _____ period.
1 – 5 year (s)

My first pledge payment will be made on (DD/MM/YY) _____ / _____ / _____

My pledge will be made: 1 time in full Annually Semi-Annually Quarterly Monthly

METHOD OF PAYMENT

My / Our post-dated cheque (s) made payable to Aboyne Rural Hospice is / are enclosed.

I / We will make an electronic transfer via e-transfer to aboyneruralhospice@gmail.com

I / We will make a gift of securities. (Hospice Team Member will be in touch regarding transfer details when appropriate)

THANK YOU FOR YOUR SUPPORT

P.O. Box 3004, Elora, Ontario, N0B 1S0

www.aboyneruralhospice.org, Charitable Business Number: 72798 2548 RR0001