



TWIN PAD COMPLEX CAPITAL CAMPAIGN
PLEDGE FORM

I/We wish to support the County of Brant Twin Pad Complex Capital Campaign.

Name: (please print) \_\_\_\_\_

Address (home): \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone (day): \_\_\_\_\_ (evening): \_\_\_\_\_ Email: \_\_\_\_\_

I wish to make a total contribution of \$ \_\_\_\_\_, to be paid as follows:

- Monthly installments of \$ \_\_\_\_\_ for \_\_\_\_\_ years.
Annual donation of \$ \_\_\_\_\_ for \_\_\_\_\_ years.
One-time donation of \$ \_\_\_\_\_

PAYMENT OPTIONS

By cheque payable to the County of Brant - Twin Pad Complex

Preferred reminder date: \_\_\_\_\_

- First installment is enclosed OR
First installment will be paid on \_\_\_\_/\_\_\_\_/\_\_\_\_ (dd/mm/yyyy)

By pre-authorized debit\*starting on \_\_\_\_/\_\_\_\_/\_\_\_\_ (15/mm/yyyy)

from: [ ] chequing account (a void cheque is attached)
[ ] Visa [ ] MasterCard

Card Number: \_\_\_\_\_ Expiry: \_\_\_\_/\_\_\_\_

\*All withdrawals will occur on the 15th of the month

RECOGNITION

For the purposes of recognition, I/we would like our name to appear as follows:

\_\_\_\_\_

OR, please check [ ] if you wish your contribution to remain confidential.

In the event of changes in our circumstances, I/we understand that I/we may modify or cancel my pledge at any time. I/we will inform the County of Brant - Twin Pad Complex in writing.

Signature \_\_\_\_\_

Date \_\_\_\_\_

"Personal information collected will be used solely for the purposes of the County of Brant Twin Pad Complex Fundraising Campaign and managed under the provisions of the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990."