

PLEDGE CAMPAIGN DONATION FORM

Donor Name:		Company:
Address:		
Phone:		Email:
Donor Recogniti	on Name:	
Donation Total A	mount:	wish to remain anonymous
Recognition Opti	on: 'In Honour	Of,
**Name on Tax F	Receipt:	
 Platinum Diamond Gold Silver Bronze Copper Friend <i>Founding Patentinum Hop</i> PAYMENT INSTR I am fulfillin I will pay a p I choose to 	\$25,000+ \$12,500+ \$7,500+ \$5,000+ \$2,500+ \$1,500+ \$500+ ther - \$25,000 be Donor - \$50 UCTIONS: g the entire pla portion now \$_ pledge my dor	 \$ 500/yr annually, up to the next 5 years \$ 250/yr annually, up to the next 5 years \$ 100/yr annually, up to the next 5 years >+ one time start up donation, paid in full in 2024 >,000+ one-time or \$15,000+/yr annually, up to 5 years
		ation as \$ annually, for 4 years ation as \$ annually, for 3 years (indicate if 2
Cheque: Pay Uni Credit Card (At this time we do patience during thi	able to South t 3-20 Brandt – please call 2 not have an off s current proce	east Cancer Support Services Inc. St. Box 231, Steinbach, MB R5G 0V6 04-326-8571 to process card information by phone ice location for card machine payments. Thank you for your ss. Office projected to open Oct 2024.) nd Southeast Cancer Support Services:
-		he above donation amount/annual term pledge plan.
Donor Signature		SCSS Treasurer Signature
Date		Date

Please scan this signed form (or by photo) and email to: info@secancersupport.ca If you have further questions, you may also call or text Cindi at 204-326-8571.

Charitable No: 853104859MC0001