



Hospice
Northumberland

PLEDGE FORM

Miss <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Mr <input type="checkbox"/> Dr <input type="checkbox"/>	
Name:	
Address:	
Postal Code:	
Home Phone:	Work Phone:
Email:	

Yes, I want to support Hospice Northumberland!

I have enclosed a Cheque payable to Hospice Northumberland.

My total Donation is:

\$

Hospice Northumberland is committed to protecting the privacy and confidentiality of your personal information. The information you provide may be used to assist in the proper administration and acknowledgment of your gift, to issue tax receipts and to fulfill your information requests.

VISA Master Card

Card #
Exp Date

Please withdraw \$
each month from my credit card account.

Please withdraw \$
as a one-time donation from my credit card
account.

Donor Signature
Authorizing credit card automatic charges.
Date:

I wish my donation to remain anonymous

Thank you for your support!

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charitable number 89296 1566 RR0001
Northumberland United Way Member Agency

