GRID - NEA Leyaata Hospital Campaign

Pledge Form

I/We, _____,

hereby donate/pledge to the **GRID-NEA Leyaata Hospital Campaign** the sum of

$_____.

I/We agree to pay this amount over a period of _____ years.

Installments will be made:

☐ Annually ☐ Semi-Annually ☐ Quarterly ☐ Monthly ☐ One-time

Payment will be made by:

☐ Cash ☐ Cheque ☐ Credit Card ☐ Pre-Authorized Debit

The first installment of _____ (installment amount) will be made on _____ (day / month / year)

Correspondence and reminders are to be sent to the address below:

Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone: _____ Email: _____

Please send tax receipts as follows:

☐ Mr. ☐ Mrs.
☐ Miss ☐ Ms.

_____ (First Name) _____ (Last Name)

Signature _____ **Date:** _____

☐ Please contact me for a private follow-up discussion / meeting.

☐ I wish to remain anonymous to public acknowledgment.