

# DONOR PLEDGE FORM

NAME(S): (PLEASE PRINT)

\_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PLACE OF WORK: (OPTIONAL)

\_\_\_\_\_

## Please designate my/our gift(s):

☐ Where the Need is Greatest \$ \_\_\_\_\_

☐ To a Naming Opportunity \$ \_\_\_\_\_

Area: \_\_\_\_\_

## My/Our Payment Schedule:

☐ A single payment gift of: \$ \_\_\_\_\_

☐ A total pledged commitment of \$ \_\_\_\_\_

In payments of \$ \_\_\_\_\_ annually for:

☐ 1 yr. ☐ 2 yrs. ☐ 3 yrs. ☐ 4 yrs. ☐ 5 yrs.

OR

\$ \_\_\_\_\_ monthly for:

☐ 12 mo. ☐ 24 mo. ☐ 36 mo. ☐ 48 mo. ☐ 60 mo.

Beginning Date for Payments: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Month/Day/Year)

Donor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Contact Information:

Once you have completed this form, you can deliver or mail it to:

Karen Waddell, Executive Director  
House of Sophrosyne  
1771 Chappell, Windsor, ON N9C 3E8

Phone: 519.252.2711, Ext. 111

Fax: 519.252.2310

Email: karen.waddell@sophrosyne.ca

Website: www.sophrosyne.ca



ADDRESS: (HOME)

\_\_\_\_\_

CITY: \_\_\_\_\_

PROVINCE: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

Does your employer offer a matching gift program?

☐ Yes ☐ No

## My/Our Payment Method:

☐ Cheque is enclosed, made payable to the **House of Sophrosyne**.

☐ Credit Card:

☐ Visa ☐ Master Card Credit Card

Acct #: \_\_\_\_\_

Expiry date: \_\_\_\_\_ / \_\_\_\_\_ CVV: \_\_\_\_\_

Credit Card Signature: \_\_\_\_\_

Processed on the:

☐ 15th of the month ☐ 28th of the month

## Special Gifts:

☐ I/we wish to make a gift of securities. Please contact me/us.

## Special Recognition:

☐ My/our name can appear on donor listings as noted:

Name(s): \_\_\_\_\_

☐ I/we wish to make our gift in recognition of a special person.

In Memory of: \_\_\_\_\_

In Honour of: \_\_\_\_\_

☐ I/we wish our gift to remain anonymous.

*Thank you for your support!*