



GRID - NEA Carpenter Hospital Campaign Pledge Form

I/We, _____,

hereby donate/pledge to the **GRID-NEA Carpenter 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 _____ will be made on _____
installment amount 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.