



PLEDGE FORM

Mail completed form to:

THE TORONTO PEOPLE WITH AIDS FOUNDATION

163 Queen St. E.
2nd Floor
Toronto, Ontario
M5A 1S1

Telephone 416-506-1400
Fax 416-506-1404
bikerally@pwatoronto.org
www.pwatoronto.org

OFFICE HOURS:
Monday to Thursday: 10am-6pm
Fridays: 10am-5pm
Weekends: Closed

Charitable Registration #13111 3151 RR0001
www.cra-arc.gc.ca/charities

GENERAL INFORMATION

▲ Rider Crew you are sponsoring

▲ first name _____ last name _____

▲ mailing address _____

▲ city _____ province _____ postal code _____

▲ telephone _____

▲ email address _____

DONATION INFORMATION I'd like to make:

a one time donation of (please circle)
\$1000 \$500 \$250 \$100 \$50 other: _____

a pledge of \$ _____ to be fulfilled by _____ monthly donations
of \$ _____ beginning the 1st or 15th of the month
of _____ in the year _____ and ending the month of _____
in the year _____, processed through my credit card (fill out
CC information below) or bank account (fill out Banking Information below).

Charitable tax receipts will be issued for all gifts of \$20 or more.

- Please do not solicit me for further donations
(but please continue to send me news from PWA and the Bike Rally)
- Please do not send me any future correspondence
(We do not lend, rent, trade, or sell our mailing list)
- I would prefer my donation remain anonymous

PAYMENT METHOD

Cash Cheque made payable to: **Toronto People With AIDS Foundation**

CREDIT CARD INFORMATION*

VISA Mastercard American Express

▲ card number (*sign below) _____ expiry (mm/yy) _____

*An employee from PWA will contact you for the CVV number

BANKING INFORMATION (for monthly giving option only)**

▲ institution number/bank _____ branch/transit number _____

▲ account # (**enclose a blank cheque marked void, and sign below)

▲ signature for credit card verification or electronic Funds transfer