PWA's FRIENDS FOR LIFE BIKE RALLY

PRESENTED BY Scotiabank®

# PLEDGE

**THE TORONTO PEOPLE WITH AIDS FOUNDATION**
200 Gerrard St. East, 2nd Floor, Toronto, ON M5A 2E6
tel 416-506-1400 fax 416-506-1404
bikerally@pwatoronto.org | http://www.pwatoronto.org
Charitable Registration #13111 3151 RR0001 www.cra-arc.gc.ca/charities

**FOR OFFICE USE ONLY**

## GENERAL INFORMATION

▶ This pledge is for a: ☐ Rider ☐ Crew

▲ full name of person you are sponsoring

▲ first name last name

▲ mailing address

▲ city province postal code

▲ telephone

▲ email address

Please fill out donation information on opposite side ▶

# DONATION INFORMATION **I'd like to make:**

☐ a one time donation of

$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 to the right) or ☐ bank account (fill out Banking Information to the right).

**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 this card below) **expiry (mm/yy)**

**BANKING INFORMATION (for monthly giving option only)****

▲ **institution number/bank** **branch/transit number**

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

▲ **signature for Credit Card verification or Electronic Funds Transfer**