



PLEDGE FORM

Mail completed form to:

THE TORONTO PEOPLE WITH AIDS FOUNDATION

200 Gerrard St. East
2nd Floor
Toronto, Ontario
M5A 2E6

Telephone 416-506-1400
Fax 416-506-1404
bikerally@pwatoronto.org
<http://www.pwatoronto.org>

OFFICE HOURS:

Monday & Tuesday 10am-6pm
Wednesday 10am-8pm
Thursday 10am-6pm
Friday 9am-5pm

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

GENERAL INFORMATION

▲ Rider or 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) _____

BANKING INFORMATION (for monthly giving option)**

▲ 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 _____

FOR OFFICE
USE ONLY