

## 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 www.pwatoronto.org

OFFICE HOURS:

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

Please note that the Philanthropy and Communications staff is available until 6pm on Wednesday and Thursdays

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

FOR OFFICE USE ONLY

## **GENERAL INFORMATION** Crew you are sponsoring A Rider ▲ 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