



**PARTNERS FOR INCLUSION
Pledge Form**

Donor Name: _____

Billing Address: _____

City: _____ Province: _____ Postal Code: _____

Phone (_____) _____ Email: _____

Please use the following name(s) in all acknowledgments _____

I wish my donation to remain anonymous

YES, I would like to become a Partner for Inclusion, pledging:

\$1,000 a year for 5 years, paid: yearly quarterly (\$250) monthly (\$84)

\$5,000 a year for 5 years, paid: yearly quarterly (\$1,250) monthly (\$417)

\$10,000 a year for 5 years, paid: yearly quarterly (\$2,500) monthly (\$834)

I would like to make a different contribution:

A **one-time donation** of: \$5,000 \$2,500 \$1,000 \$500 \$250 \$100 \$50 Other _____ (circle)

A **recurring donation** of \$_____ paid each: Year Quarter Month (circle)

My recurring donation will start (month/year) _____ and end (month/year) _____

Or will continue until I contact Community Living Huntsville to stop payments

Pledge and Payment Information:

I/ we plan to make this contribution in the form of Cash Cheque Credit Card

Visa / MasterCard No.: _____

Expiry Date: _____ CSV: _____

Name on Credit Card: _____

Signature: _____ Date: _____

***NOTE: Tax receipts issued for all donations of \$20 or more**
Please make cheques payable to: Community Living Huntsville