

PLEDGE FORM

Donor Information

Donor Name: _____	Title: _____
Company: _____	
Acknowledgement: _____ <i>Name you would like to appear for donor recognition purposes or θ I would like to remain anonymous</i>	
Address: _____	Postal Code: _____
Phone: _____	Email: _____

Pledge Options:

<p>θ I would like to make a monthly donation of: \$ _____</p> <p>θ I prefer to make a one-time gift in the amount of: \$ _____</p>	<p>I would like to make an annual gift of:</p> <p>θ \$ _____ Year 1 2007</p> <p>θ \$ _____ Year 2 2008</p> <p>θ \$ _____ Year 3 2009</p> <p>θ \$ _____ Year 4 2010</p> <p>θ \$ _____ Year 5 2011</p> <p>θ Please send me a reminder notice in the month of _____</p>
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θ I would like to discuss designating my gift for a specific purpose

Payment Options:

<p>θ VISA Number: _____</p> <p>θ Monthly Electronic Funds Transfer. Transfer funds on the 1st/15th (circle one) day of the month <i>(Please attach a void cheque) (If not specified, transfers will take place on the 1st)</i></p> <p>I authorize Calgary International Language Foundation (CILF) to debit my credit card or bank account in the amount and on the days indicated above. I understand that I may change or cancel the payments at any time by notify CILF in writing.</p> <p>θ Cheque <i>(payable to Calgary International Language Foundation)</i></p>	<p>Expiry: _____</p> <p>θ Cash</p>
<p>Signature: _____ Date: _____</p>	

Please return to:
P.O. Box 74105, Strathcona RPO
Calgary, Alberta T3H 3B6
Phone: (403) 240-1500 ext. 227
Fax: (403) 249-5899

Thank you for your gift !