



Boundary Trails Health Centre FOUNDATION

Pledge Form

I want to help Boundary Trails Health Centre provide even more for our community!

Contact Information

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Email: _____

Pledge Information

I/We will give a total gift of: \$ _____

This is a one-time gift (paid in full)

I/We wish to pledge this amount over: One Year Two Years Four Years

My/Our first payment of \$ _____ is enclosed OR will be made on _____ (DD/MM/YY)

Subsequent payment on: Anniversary of 1st payment Other _____ (DD/MM/YY)

Payment Information

Cheque (payable to Boundary Trails Health Centre Foundation) Share Transfer Credit Card (Visa, Mastercard)

Card No.: _____ Expiry Date: _____ CVV: _____

Name on Card: _____

Cardholder's Signature (Required): _____ Date: _____

For Recognition Purposes

I/We wish my gift to be anonymous

I/We wish my gift to be listed as follows _____

To donate online, please visit bthcfoundation.com

Registered Charitable Organization #864734991 RR 0001

Personal information gathered by Boundary Trails Health Centre Foundation is kept in confidence and only used to keep you informed about our special events, funding needs and other activities. Boundary Trails Health Centre Foundation does not rent, sell or trade any personal information with third parties.

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