



Donor Information

Donor Name: _____ Title: _____

Company: _____

Acknowledgment:: _____

Name you would like to appear for donor recognition OR Anonymous

Address: _____ Postal Code: _____

Phone: _____ Fax: _____ Email: _____

Pledge Options:

I would like to make an annual gift of:

I would like to make a monthly donation of:
\$ _____

I prefer to make a one-time gift in the amount of:
\$ _____

\$ _____ Year 1

\$ _____ Year 2

\$ _____ Year 3

\$ _____ Year 4

\$ _____ Year 5

Payment Options

VISA / MC / AMEX Number: _____ Expiry: _____

Funds will be taken out at the end of each month

I authorize Boys & Girls Clubs of Edmonton to use my credit card in the amount and day indicated above. I understand that I may change or cancel the payments at any time by notifying Boys & Girls Clubs of Edmonton in writing.

Signature: _____ Date: _____

Please return to:

**ATTN: Fund Development
Boys & Girls Clubs of Edmonton
9425 109A Ave
Edmonton AB
T5H 1G1**

**Thank You
for your gift!**

To contact us for more information:

**(780) 422-6038 or (780) 917-6653
Fax: (780) 426-6216**