



Because Of You, We Can Campaign

Charitable Gift Pledge Agreement

I/We, _____, hereby pledge to the Stevenson Memorial Hospital Foundation the sum of \$_____.

Installment payments will be \$_____

Payments will begin on _____(Day/Month/Year)

Future contributions will be made:

- Monthly
Quarterly
Semi-Annually
Annually

On the Following Dates _____

Payments will be made by:

- Cash
Cheque
Credit Card # _____ Expiry Date _____ CVV _____

Correspondence, receipts and reminders are to be sent to:

Name _____
Address _____
City _____ Province _____ Postal Code _____
Phone _____ Email _____

Yes, please send me a pledge reminder a month before the payment is due.

Recognition:

Recognition will appear as (e.g. John and Sue Smith), unless otherwise indicated below:

I wish to remain anonymous

This gift is to be used toward:

- Area of Greatest Need
Redevelopment Building Fund
Other _____

Donor Name Printed _____ Signature _____ Date _____

Donor Name Printed _____ Signature _____ Date _____

Thank you for your support and generosity.

The Foundation may, in its absolute discretion assess a reasonable percentage from a restricted gift to the unrestricted general operating funds of the Foundation in order to defray its operation expenses, provided that the amount assessed shall not exceed 10% of each gift installment made and the amount is assessed within a year of the Foundation's receipt of each gift installment made in fulfillment of this Agreement.