



ALBERTA CHAMPIONS SOCIETY PLEDGE FORM

DONOR INFORMATION

Name: Mr. Mrs. Ms. First Name: _____ Last Name: _____

Mailing Address: _____

City/Prov./Postal: _____ Home Phone: (____) _____

E-mail Address: _____

Acknowledgement: _____

Name for donor recognition purposes

I wish to remain anonymous

I AM MAKING MY DONATION BY:

- Cash
- Cheque (payable to Alberta Champions Society)
- Pre-authorized withdrawals – please attach void cheque or supply Credit Card information
- Credit Card VISA MasterCard # _____
Expiry Date ____ / ____ Signature _____

DONOR OPTIONS

- Please direct my donation to the following project _____
- Please use my donation where it is needed most.
- I would like to be informed about future events and projects of Alberta Champions Society.
- I would like more information about planned gifts such as bequest, stocks, life insurance, etc.

Date: _____

CONTACT INFORMATION

Pat Christie, Executive Administrator, Alberta Champions Society

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Canada Revenue Agency Charitable No 857 183 487 RR0001

Thank you for your generosity!