



FOUNDERS' CIRCLE PLEDGE FORM

MEMBER INFORMATION

FIRST NAME _____ MIDDLE NAME _____ LAST NAME _____

DATE OF BIRTH ____/____/____ ADDRESS _____
Day /Month/Year

CITY _____ PROVINCE/STATE _____ COUNTRY _____

POSTAL CODE _____ PHONE _____ E-MAIL _____

DONATION DETAILS

ENCLOSED IS MY DONATION OF:

\$50.00 \$150.00 \$500 OTHER _____

Monthly gifts will now be administered by CanadaHelps.ca, an easy way to securely give to the Confederation Centre online

PAYMENT: VISA MASTERCARD AMERICAN EXPRESS CHEQUE (PAYABLE TO: FATHERS OF CONFEDERATION BUILDINGS TRUST)

CARD NUMBER: _____ EXPIRY DATE: ____/____/____ 3 DIGIT CODE: _____

SIGNATURE: _____

FOR YOUR SECURITY WE DO NOT ACCEPT CREDIT CARD NUMBERS VIA EMAIL AND WE DO NOT KEEP RECORDS OF CREDIT CARD INFORMATION.

*TAX RECEIPT FOR THE FULL AMOUNT WILL BE ISSUED DIRECTLY TO THE NAME ON THE PAYMENT

PUBLICATION LISTING:

I WISH TO REMAIN ANONYMOUS PLEASE LIST MY NAME AS: _____

I WOULD LIKE INFORMATION ON: ENDOWMENTS GIFT PLANNING THE NAME-A-SEAT PROGRAM