



I will commit to PCHS-Calgary's \$500 by 500 annual fundraising Campaign for (please circle one):

2 years

3 years

5 years

OR I would like to make a one-time donation (please circle one):

\$250

\$500

\$1000

\$2500

\$5000

Payment Method:

Please call me for payment method

Please bill my credit card

VISA

MasterCard

Name on Card: _____ Card Number: _____

Expiry Date: _____ Signature: _____

Please note: 1. your credit card above will be billed on the anniversary date of your first donation for the \$500 by 500 Campaign.
2. charitable tax receipt will be issued in the same name as Name on Card, unless otherwise specified.

Mailing Address:

Cheques can be mailed to: PCHS Calgary (payee & name on envelope)
c/o KAREN BAKER at CCASA
Suite 700, 910 7 Ave SW, Calgary, AB T2P 3N8

Recognition:

I wish to remain anonymous

I would like to be recognized for my gift

Please publish my name exactly as follows: _____

PLEASE BE ASSURED WE NEVER SHARE OUR DONOR/SUPPORTER INFORMATION WITHOUT YOUR EXPRESS WRITTEN PERMISSION

Contact Information:

Name: _____ Company: _____

Address: _____ home business

City _____ Province: _____ Postal Code: _____

Home #: _____ Business #: _____ Cell #: _____

Email: _____