



GIFT PLEDGE FORM

Yes! I'd like to make a gift to the Port Coquitlam Community Foundation

1. MY INFORMATION

Name: _____ Preferred Phone Number: _____

Address: _____ City _____ Postal Code _____

Email: _____ Please add me to your mailing list.

2. MY GIFT

A. I wish to make a total contribution of \$ _____ to one of the following funds with the Port Coquitlam Community Foundation:

General Grant Fund

Theatre Society Legacy Fund

Greg Moore Family Community Fund

LiveThenGive Fund

City Community Grant Fund

Other _____

To be paid in:

One payment (cheque enclosed or credit card number indicated below)

Monthly installments of \$ _____

Please note: monthly installments can only be made by credit card or postdated cheques*.

Annual installments of \$ _____

I wish to set up a fund with the Port Coquitlam Community Foundation. Contact me with more info.

3. GIFT PAYMENT OPTIONS

I would like to pay my gift in the following manner:

Post-dated cheques* enclosed OR First installment is enclosed OR

First installment will be on ____/____/____ (dd/mm/yyyy)

***Please make Cheque(s) payable to Port Coquitlam Community Foundation**

Please charge my gift to my credit card: MasterCard Visa AMEX

Credit Card # _____ Expiry Date: _____

Name on Card: _____ Signature: _____

4. RECOGNITION

Please acknowledge my/our contribution in the name of (or in honour of): _____ OR

I/We wish my/our contribution to remain Anonymous.

Signature _____ Date _____

All personal information held or collected by Port Coquitlam Community Foundation is protected under the federal Privacy Act.

Please return this form to info@pocofoundation.com

or mail to:

Port Coquitlam Community Foundation
2580 Shaughnessy Street
Port Coquitlam, BC V3C 2A8

Your gift will be received by the Port Coquitlam Community Foundation

CRA Charitable Registration Number: 84677 5088 RR0001

Thank you for your generosity!