



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 e-mail list.

2. MY GIFT

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

- General Community Grant Fund
- Theatre Society Legacy Fund (Arts Grants & Bursaries)
- Rapid Response Fund (Local Emergencies)
- 100 Women Who Care Tri-Cities BC Fund
- LiveThenGive Fund (Organ Transplant)
- Legacy Fund
- Moore Family Community Fund
- Other _____

To be paid in:

- One payment (cheque enclosed)
- Monthly installments of \$ _____

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

- I wish to set up a fund for as little as \$100 with the PoCo Foundation. Please contact me with more.

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**

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 receipted by the Port Coquitlam Community Foundation
CRA Charitable Registration Number: 84677 5088 RR0001

Thank you for your generosity!