

RADIOTHON 2009 PLEDGE SHEET

Date: _____ Time: _____ Personal Corporate

Name of Donor: Mr Mrs Ms _____

Company Name: _____

Home/Business Address: _____

City: _____ Postal Code: _____ Phone: () _____ - _____

Email Address (Optional): _____

Contact Person (if different from above): _____

I heard about the Radiothon on KIX KROCK THE LAKE Other

First Time Radiothon Pledge Renewal Pledge

Payment:

Join the Club - \$12/month for 12 months **OR** One lump sum of \$ _____

OR

Other amount: \$ _____ Duration: _____ months

Method of Payment:

Payroll Deduction from _____ hospital (available only to hospital employees/
(A separate form will be sent out to you)

Post-Dated Cheques Pre-authorized debit Payments (void cheque required)

VISA MasterCard Personal **OR** Business

Credit Card #: _____ Exp. Date ____ / ____

Name on Card: _____

Please begin charging my credit card/bank account on ____ / ____ / ____
(mm) (dd) (yy)

Designation of Gift:

To be shared by the hospitals where needed most

OR

To be directed to the work of: _____

We recognize donors by name in our publications:

I do not wish my name to be published

Publish my name as _____ (if different from above)

Tribute Option: I wish to make this gift In Memory of **OR** In Honour of

Name of Honouree: _____

Please send acknowledgement to:

Name (if different from above): _____

Address: _____

City: _____ Province _____ Postal Code: _____