



# PLEDGE FORM

Langley Hospice Society is committed to protecting the privacy of its donors, members, volunteers, employees and other stakeholders. Your personal information is

Please complete this form, and return it to us.

## Your Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cellular: \_\_\_\_\_

Email: \_\_\_\_\_

**Total Pledge**     \$ \_\_\_\_\_

I hereby pledge and agree to contribute the amount noted above in support of the Langley Hospice Society's New 15-Bed Hospice Residence Project, as part of the Help Us Make Our New House ~ A Home Campaign. My gift will be paid as follows:

- |                                |                               |
|--------------------------------|-------------------------------|
| \$ _____ as a one time gift    | \$ _____ weekly FOR 104 weeks |
| \$ _____ monthly FOR 24 months | \$ _____ yearly FOR 2 years   |
| \$ _____ other FOR _____       |                               |

## Your Payment Information

Enclosed is my cheque or money order made payable to the **Langley Hospice Society**

I prefer to make my gift by credit card:     Visa             Mastercard

Card Number: \_\_\_\_\_ Expiry: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_

### I WOULD LIKE TO DESIGNATE MY GIFT:

- In Memory Of:             In Honour Of:

Name: \_\_\_\_\_

Please send a notification card to let the family/person know of my memorial/honorarium gift to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to the deceased/honoree: \_\_\_\_\_

*Thank You for your generous gift of support.*

You will receive an official tax receipt for donations over \$20.00 unless otherwise requested.

Please mail your completed pledge form with your cheque or credit card information to:

**Langley Hospice Society**

20660—48th Avenue, Langley, BC V3A 3L6

Phone: 604.530.1115 | Fax: 604.530.8851 | Email: info@langleyhospice.com | www.langleyhospice.com

**Registered Charity No. 11900 5353 RR0001**