CAPITAL CAMPAIGN FOR THE GORDIE HOWE SPORTS COMPLEX

PLEDGE FORM

Donor Informati	lon ——				
Name:					
Address:					
City:		P	rovince:	Postal Code:	
Email address:			Phone #:		
Sport affiliation, if appli	cable:				
Pledge Stateme	nt ———				
I / We pledge a total gift ☐ over				owl Foundation Capital Campaign, payable:	
Payment Option	ls				
Cheques to be made payal	☐ Annual ble to: Friends of t		□Monthly	□ One-time	
☐ Visa/MasterCard	□Annual	☐ Semi-Annual	☐Monthly	☐ One-time	
Card Number:				Expiry:/	
Card Holder Name:					
☐ Securities/Stock 0	ptions/Other:	(Please explain):			
Payment Start Date (If applicable):			Comment/Other:		
Donation Option	1S ———				
The Friends of the Bowl otherwise. For gifts of \$	wish to recogn 300+ donors ha donors will be re	ize your generosity. Dave the opportunity to ecognized indefinitely	onors will be pub name a seat at o on 2 donor walls	olicly recognized unless requested one of 6 venues within the Complex. For within the Complex. A number of special	
Donor Recognition Nam	ne:				
<i>OR</i> □ I/We pre	fer to remain and	onymous.			
Donor Signature:			Date:		

The Friends of the Bowl Foundation respects the privacy of our donors. All personal information disclosed on this form will be treated as confidential. Information collected will be used to provide your tax receipt and communications around the development of the Gordie Howe Sports Complex.

For more information, contact the Campaign Office at (306) 321-7557 or email Info@gordiehowesportscomplex.ca

