

# A Place for You



*Building a community  
dream....together*



## Pledge Form

### PCU Centre

*"A commitment to healthy living and a contribution to our quality of life"*

#### Donor Information (please print)

Name	
Billing address	
City	
Province	
Postal Code	
Telephone (home)	
Telephone (business)	
Fax	
E-Mail	

#### Pledge Information

I (we) pledge a total of \$\_\_\_\_\_ to be paid:  
\_\_\_\_ now \_\_\_\_ \*monthly \_\_\_\_ quarterly \_\_\_\_ yearly.

*(\* monthly contributions are accepted by automatic withdrawals, Visa or MasterCard)*

I (we) plan to make this contribution in the form of:

\_\_\_\_ cash \_\_\_\_ cheque \_\_\_\_ Visa or MasterCard\* \_\_\_\_ automatic withdrawals\*  
*(\*please see reverse side of pledge form)*

#### Acknowledgement Information

I (we) consent to public acknowledgement of the pledge  Yes  No

If YES, please use the following name(s) in all acknowledgements (please print):

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I (we) wish to keep our pledge amount confidential  Yes  No

I (we) wish to have our gift remain anonymous  Yes  No

#### Authorization

Signature(s)
Date (day/month/year)

Please make cheques payable to either:

**City of Portage la Prairie**  
97 Saskatchewan Ave East  
Portage la Prairie, MB R1N 0L8

- or -

**Rural Municipality of Portage la Prairie**  
35 Tupper Street South  
Portage la Prairie, MB R1N 1W7

*Thank you for your support!*

**TERMS & CONDITIONS for Credit Card & Automatic withdrawals:**

- Automatic withdrawals will be made on a monthly basis on the tenth of each month for the amount and months specified by the contributor.
- A minimum of 6 months of withdrawals (and maximum 36 payments ending no later than December 31, 2012) and a minimum amount of \$25 per month is required for signing on to the program.
- One month written notice is required for cancellation, bank account changes and address changes.
- A "Non Sufficient Funds" returned request from the bank will cancel the contributor's plan. Re-application is required for future contributions.
- Donation receipts will be issued by January 31 for the prior year's contributions received to the contributor's address stated on the application form.

The City of Portage la Prairie reserves the right to cancel your payment plan at any time.

Please call 239-8309 if you have any questions regarding the plan.

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**PCU CENTRE CONTRIBUTION PLAN- CREDIT CARD**

I/We hereby authorize the City of Portage la Prairie to make monthly payments with my Credit card for the PCU Centre project. *(I hereby waive protest, presentation and notice of dishonour.)*

**Name of Credit Card holder:** \_\_\_\_\_

**Credit Card type:**  Visa  MasterCard

**Credit Card#**

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**Expiry Date:** \_\_\_\_/\_\_\_\_  
                          Month      Year

**START DATE OF CONTRIBUTIONS:** \_\_\_\_\_

**NUMBER OF CONTRIBUTIONS:** \_\_\_\_\_

**CONTRIBUTION AMOUNT: PER MONTH:** \_\_\_\_\_ **TOTAL:** \_\_\_\_\_

**SIGNATURE/S** (as required on credit card account):  
\_\_\_\_\_

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**PCU CENTRE CONTRIBUTION PLAN- BANK ACCOUNT**

I/We hereby authorize the City of Portage la Prairie to withdraw funds from my bank account for monthly payments for the PCU Centre project. *(I hereby waive protest, presentation and notice of dishonour.)*

**Bank Branch #** \_\_\_\_\_ **Bank Transit #** \_\_\_\_\_

**Bank Account #:** \_\_\_\_\_

**START DATE OF CONTRIBUTIONS:** \_\_\_\_\_

**NUMBER OF CONTRIBUTIONS:** \_\_\_\_\_

**CONTRIBUTION AMOUNT: PER MONTH:** \_\_\_\_\_ **TOTAL:** \_\_\_\_\_

**SIGNATURE/S** (as required on cheques issued against account):  
\_\_\_\_\_

**\*\*\*PLEASE ATTACH A SAMPLE CHEQUE MARKED "VOID". \*\*\***

Return to: City of Portage la Prairie, City Hall (open Monday to Friday, 9-4:30)  
97 Saskatchewan Ave. East, Portage la Prairie, MB R1N 0L8