

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 *(separate form required)*

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!