



**TILLSONBURG DISTRICT MEMORIAL HOSPITAL
FOUNDATION**

Early Detection - Clear & Here!

A Digital Mammography Project
Sept. 21, 2011 to March 31, 2012

Pledge Form

Donor Information (please print)

Name(s)	
Organization (if applicable)	
Address	
City	
Postal Code	
Telephone (home)	
Telephone (business)	
Fax	
E-Mail	

Pledge Information

I/We want to support the Digital Mammography Campaign with a pledge in the total amount of \$ _____ payable over: One Year Two Years Three Years

Payment Method

Payments are to be made: Annually Semi-annually Quarterly in the amount of \$ _____.

Payments will begin on _____.
Day/Month/Year

I/We plan to make this contribution in the form of: cash check credit card other.

Credit card type		
Credit card number		PIN number
Expiration date		
Authorized signature		

Please make post-dated cheques payable to: TDMH Foundation.

- I/We wish to have our gift remain anonymous.
- I/We wish to make this pledge in memory or in honour of _____

A receipt will be issued for tax purposes. We do not rent, sell or trade our donor information.
Funds raised above the goal will go toward hospital equipment.