



The Bluewater Education Foundation



Pledge Form

Creating a Legacy for Learning

Donor Information (please print or type)

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

Pledge Information

I (we) pledge a total of \$_____ to be paid:

___ now ___ monthly ___ quarterly ___ yearly.

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

___ cash ___ check ___ credit card ___ other.

Credit card type	
Credit card number	
Expiration date	
Authorized signature	

Gift will be matched by _____ (company/family/foundation).

___ form enclosed ___ form will be forwarded

Acknowledgement Information

Please use the following name(s) in all acknowledgements:

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___ I (we) wish to have our gift remain anonymous.

Signature(s)
Date

Please make checks, corporate matches, or other gifts payable to:

The Bluewater Education Foundation
P.O. Box 283, Wiarton, ON N0H2T0
Charitable Registration: 889803227RR0001