

Corridor Campaign Pledge Form

Your Information

Your name(s): _____

Address: _____ City: _____

Province: _____ Postal code: _____ Email: _____

Telephone: Home: () _____ Work: () _____

My / our name can be published in connection with this donation: Yes No

(personal information will be kept confidential)

Gift Intent

I/we will make a one-time contribution today in the amount of \$ _____

I/we will make a repeating contribution of: \$ _____

Annually for _____ years, amounting to a total of \$ _____

Please remind me of my upcoming pledges by : Phone Letter Email

In the : Spring Summer Fall Winter

Method of giving

Cash or cheque payable to *The Couchiching Conservancy*

I would like to donate by Visa Mastercard

Card # _____ Expiration Date: ____ / ____ Code: _____

Signature _____ Print Name _____

I will make a gift of securities *(A staff member will send you a Securities form)*

I would like my donation directed: Where most needed Black River Wildlands Carden Alvar

Signature _____ Date _____

Protecting nature for future generations

www.couchichingconserv.ca | 705-326-1620

Office: 1485 Division Rd West, Orillia, ON L3V 0X6

Mailing: Box 704, Orillia, ON, L3V 6K7

Charitable Registration # 13972 5030 RR0001