

# Pledge Form

## Donor Information

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/Town: \_\_\_\_\_

Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## Pledge Information

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

Date: \_\_\_\_\_

## Acknowledgement Information

Please use the following name(s) on all acknowledgements: \_\_\_\_\_

I (we) wish to have our gift remain anonymous

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please make cheques or other gifts payable to: **Immigrant Services Association of Nova Scotia**

6960 Mumford Road, Suite 2120, Halifax

Nova Scotia, B3L 4P1