



Pledge Form Chedabucto Lifestyle Complex

Donor Information (please print or type)

Name	
Billing address	
City	
Province	
Postal Code	
Telephone (1)	
Telephone (2)	
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 ____ cheque ____ other.

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 cheques or other gifts payable to: Municipality of the District of Guysborough
and mailed to: 33 Pleasant Street, Guysborough NS, B0H 1N0