PLEDGE FORM

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. Other _____

First Name _____ Last Name _____

Address _____ City _____ Postal Code _____

Home Phone _____ Bus Phone _____

Email _____

- Tax receipts will be issued for all donations over $20 with a valid mailing address unless otherwise requested
- The donor's complete name and address must be clearly printed below for receipts to be issued
- All cheques should be made payable to: **Belleville General Hospital Foundation**

First Name	Last Name	Mailing Address	City	Postal Code	Email Address	Pledge Amount
Outstanding Pledges: $		Balance Remaining: $			Total Collected: $	

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Belleville General Hospital Foundation
Your Gift Makes Care Better