



## Pledge Form

### Donor Information

Donor Name: \_\_\_\_\_ Title: \_\_\_\_\_

Company: \_\_\_\_\_

Acknowledgment: \_\_\_\_\_  
Name you would like to appear for Donor Recognition OR Anonymous

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

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

### Pledge Options

I would like to make a monthly donation of:  
\$ \_\_\_\_\_

I would like to make an annual gift of:  
\$ \_\_\_\_\_

I prefer to make a one-time gift in the amount of:  
\$ \_\_\_\_\_

### Payment Options

Visa / Master Card / AMEX (Please circle one)

Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

**Funds will be taken out at the end of each month**

*I authorize KARA Family Resource Centre to use my credit card in the amount and day indicated above. I understand that I may change or cancel the payments at any time by notifying KARA Family Resource Centre in writing.*

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

Registered Charity BN# 11897-7800 RR0001

**Thank You for your gift!**

6717 132 Avenue, Edmonton AB T5C 2A4 Phone: (780) 478-5396 Fax: (780) 478-1979