



LISTEN! We're all in it together.

Thursday October 7, 2010

PLEDGE FORM

HOSPITAL	✓	HOSPITAL	✓	HOSPITAL	✓	HOSPITAL	✓
BELLEVILLE 265 Dundas St. East Belleville ON K8N 5A9 613-969-7400		PICTON 403 Main St. East Picton ON K0K 2T0 613-476-1008		TRENTON 242 King St. Trenton ON K8V 5S6 613-392-2540		ALL 3	

Donor Name	Mr/Mrs./Ms/Dr. (circle)
Address:	
City:	Postal Code:
Tel. # (home)	Tel.# (work)
E-mail:	
One time Gift Of:	\$
Become a Sustaining Supporter	<input type="checkbox"/> And donate \$_____ per month Best time to call for additional information:
Payment by:	<input type="checkbox"/> Will mail/drop off <input type="checkbox"/> Cash/Cheque <input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> Amex
Credit Card Info:	Card # _____ Exp (m) / (yr)
Name on Card:	
Announce on Air if time permits	Yes <input type="checkbox"/> No <input type="checkbox"/>
Pledge Challenge - Comments	
Confirmed by:	
	** OFFICE ONLY **
RE Entry by:	



Prince Edward County Memorial Hospital Foundation