****

**Donor Information (please print)**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Billing address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, Prov. Postal Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone 1 | Phone 2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Pledge Information**

I (we) pledge a total of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to be paid in 2015: ☐now.

I (we) pledge a total of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to be paid in 2016: ☐monthly ☐quarterly ☐yearly.

I (we) pledge a total of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to be paid in 2017: ☐monthly ☐quarterly ☐yearly.

I (we) plan to make this contribution in the form of: ☐cash ☐cheque ☐e-transfer.

**Acknowledgement Information**

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐I (we) wish to have our gift remain anonymous.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please make cheques payable to: **JOHN CALVIN SCHOOL**

**memo “Expansion Fund”**

**4268 Stewart Rd**

**Chilliwack, BC V2R 5G2**

**604-823-6814**

fundraising@jcss.ca