



PLEDGE FORM

CONTRIBUTOR INFORMATION

First Name: _____ Last Name: _____ MI: _____

Street Address: _____ City: _____

Province: _____ Postal Code: _____

Contact Information

Primary Telephone Number: _____

Secondary Telephone Number: _____

Email Address: _____

DONATION INFORMATION (donations above \$5 will receive an income tax receipt)

A one-time donation in the amount of \$ _____

A monthly donation of \$ _____

Method of Payment (choose one)

Cheque enclosed (payable to the Canadian Foundation for AIDS Research)

- or -

Credit Card Payment:

Card Type: Visa MC Amex

Account Number: _____ Expiry Date: _____

Date: _____ Signature: _____

If you are not comfortable releasing your account information please call 1-800-563-CURE (2873) to arrange payment by phone.

As a CANFAR supporter, you may be contacted about CANFAR activities, granting and awareness programs, and upcoming events and promotions. Occasionally, we may also trade our mailing list with other like-minded charities for a one-time exchange. If you do not wish to be contacted, prefer a specific method of contact, or prefer not to have your name traded, please contact Sherrie James at 1-800-563-CURE (2873), ext. 228 or by email at sjames@canfar.com and we will gladly accommodate your request.