

BETHANY RIVERVIEW CAPITAL CAMPAIGN PLEDGE FORM

1001 17 Street NW Calgary AB T2N 2E5
403-210-4600 BCF@bethany seniors.com
Charitable Registration #: 87675 4102 RR0001

I / we agree to contribute \$ _____ to help meet the goals of the Bethany Riverview Capital Campaign.

Please direct my gift to:

- Rotary/Bethany Atrium
 General Campaign to complete Bethany Riverview

This contribution will be paid over a period of: 1 year 2 years other _____

I / we would like to begin payments on _____ (month) _____ (year)

Signature: _____ Date: _____

My first installment is enclosed.

Payment information:

- Cheque payable to **Bethany Care Foundation** - ROTARY ATRIUM
 Please charge to my Credit Card: Visa Master Card

Name on Card: _____

Card #: _____ Expiry Date: ____ / ____

Signature: _____ Date: _____

Receipt to be issued to: _____

Address: _____

City/Prov: _____ Postal Code: _____

Phone: _____ Email: _____

- Bethany Care respects your privacy. We do not rent, sell or trade our mailing lists. If you do not wish to be added to our mailing list please check the box.
 Please check if you wish to remain anonymous.

BECAUSE YOU CARE, WE CAN

