I will help build the Stonewall & District PCH!

Name:			
Address:			
City:	Province:	Postal Cod	de:
Phone:	En	nail:	
Gift			
I will give a gift of: \$			
☐ My full gift is encl	osed		
\square I wish to pledge th	nis amount over: Three Years	☐ Five Years ☐ Othe	er
My first payr	ment of \$		
☐ Will be ma	ade on (DD/	MM/YY)	
☐ Once the	government confirms the project (we will contact you to make	payment arrangements)
Subsequent	payments on: \square Anniversary of 1 $^{ m st}$	payment \square Other	(DD/MM/YY)
Recognition Informatio	n		
\square I wish my gift to be a	nonymous		
\square I wish my gift to be lis	sted as		
Payment Information			
-	nterlake Community Foundation, fo	und name: Stonewall &	District PCH Project Fund)
☐ Credit card			,
Name on Card:			
Card number:		exp:	cvv:
Signature			
Signature (required):		Date:	

If you have any questions, please contact: Ralph Eichler, Campaign Chair, at 204.886.7892, rocklakeside@gmail.com.

E-Transfers can be sent to <u>info@interlakefoundation.ca</u>. Please follow-up with an email with your name and mailing address so the Foundation can issue a charitable tax receipt. Donations of securities are also welcome – please contact the Foundation for more information. Contact details are below.