



**Independent Community Events Pledge Form**  
**Event Name & Event Date:**

**Fundraiser Information**

<b>Name:</b>	<b>Ph:</b>
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**Donor Information**

First Name:	Address/City:	Amount:	<input type="checkbox"/> Cash	<input type="checkbox"/> Cheque	<input type="checkbox"/> VISA	<input type="checkbox"/> Mastercard
Last Name:	Postal Code:                      Phone:		<input type="checkbox"/> Amex			
			Credit Card #:	/	/	/
			Expiry Date:	/		
First Name:	Address/City:	Amount:	<input type="checkbox"/> Cash	<input type="checkbox"/> Cheque	<input type="checkbox"/> VISA	<input type="checkbox"/> Mastercard
Last Name:	Postal Code:                      Phone:		<input type="checkbox"/> Amex			
			Credit Card #:	/	/	/
			Expiry Date:	/		
First Name:	Address/City:	Amount:	<input type="checkbox"/> Cash	<input type="checkbox"/> Cheque	<input type="checkbox"/> VISA	<input type="checkbox"/> Mastercard
Last Name:	Postal Code:                      Phone:		<input type="checkbox"/> Amex			
			Credit Card #:	/	/	/
			Expiry Date:	/		
First Name:	Address/City:	Amount:	<input type="checkbox"/> Cash	<input type="checkbox"/> Cheque	<input type="checkbox"/> VISA	<input type="checkbox"/> Mastercard
Last Name:	Postal Code:                      Phone:		<input type="checkbox"/> Amex			
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First Name:	Address/City:	Amount:	<input type="checkbox"/> Cash	<input type="checkbox"/> Cheque	<input type="checkbox"/> VISA	<input type="checkbox"/> Mastercard
Last Name:	Postal Code:                      Phone:		<input type="checkbox"/> Amex			
			Credit Card #:	/	/	/
			Expiry Date:	/		

**Cheques should be made payable to BCCHF and sent to:**  
 BC Children's Hospital Foundation, 938 West 28<sup>th</sup> Ave, Vancouver, BC V5Z 4H4

**TOTAL**

**Thank you for helping BC's kids!**