



500 Whites Rd.
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Pledge Agreement

I/We, _____, hereby pledge to the
Palmerston and District Hospital Foundation the sum of \$_____. I/We agree to pay this amount over a
period of _____ years.

Installment will be made Annually Quarterly Monthly

Payment will be made by Cash Cheque Visa Mastercard

Card #: _____ - _____ - _____ - _____ Exp date: ____ / ____ CVC (3 numbers on back): _____

Name on Card: _____

Pledges will start on: _____ (Month / Year)

(Credit card payments will be processed on or around the 15th of the month.)

Billing Address: _____

Town: _____ Province: _____ Postal Code: _____

Telephone: _____ Email: _____

If different from above, send correspondence and receipts as follows:

Name: _____

Address: _____

Town: _____ Province: _____ Postal Code: _____

Signature: _____ Date: _____

I wish to remain anonymous to public acknowledgement

MRI Committee Member _____

Supporting quality care close to home