



PRINT AND MAIL PLEDGE FORM

Please print out this form, fill in the appropriate sections, and mail to:

Questions? Please contact 519-452-4112.

www.fanshawec.ca/foundation

Catherine Finlayson, *Executive Director*

Fanshawe College Foundation

1001 Fanshawe College Blvd.

P.O. Box 7005

London, ON N5Y 5R6

PERSONAL INFORMATION

Name: Ms. Mr. Mrs.

Company:

Home Address:

City:

Province:

Postal Code:

Telephone:

Email:

Are you a Fanshawe Alumnus/Alumna?: Yes No

Program:

Year:

YOUR DONATION

I am pleased to make a one-time gift to Fanshawe College of \$ _____

OR I would like to donate a total of \$ _____ in instalments of \$ _____
that are made Annually Quarterly Monthly beginning _____

I would like to designate my gift to (program / campus): _____

I would like to fulfill the pledge via: Cheque Visa Mastercard

If paying with a credit card, please fill in the following:

Name as it appears on the card:

Card Number:

Expiry Date:

CONFIRMATION

Please send me a reminder notice in _____ (month) of each year.

For the purpose of recognition:

Please list my name as it appears above.

OR Please list my name as: _____

OR I wish to remain anonymous for my Foundation gift and pledge payments.

Please contact me to discuss gift designation opportunities.

Signature: _____

Date: _____

Thank you for your generous gift.