



Pledge Form

Name: _____

Address: _____

Telephone: _____ Email: _____

I (We), the above, hereby donate the total sum of \$ _____

Pledge Schedule

One lump sum contribution in the amount of \$ _____

Two payments: (1) \$ _____ on (mm/dd/yyyy) _____,
and (2) \$ _____ on (mm/dd/yyyy) _____.

Payment Method

Cheque (payable to Calgary Arts Academy Foundation)

Credit Card: Visa MasterCard

Card # _____

CSV (3 digit number on the back) _____

Expiry _____

Donation of securities (please contact Kevin Loftus - contact details on page 2)

Please issue my tax receipt in the name of _____

Tax receipts are issued for donations of \$50.00 or more.

Recognition

- I wish my contribution to remain anonymous.
- Include my or my family's name in all donor lists as follows:

Signature of Donor

Date



Once completed, please send your pledge form to:

Kevin Loftus, Communications
Calgary Arts Academy Foundation
640 - 14 Avenue SE, Calgary, AB T2G 1E8
(403) 532-3020 Ext 4372
kloftus@caaschool.com
foundation@caaschool.com

Calgary Arts Academy Foundation
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