

Pledge Form



BARBADOS CANADA FOUNDATION

"We help our youth create their future and strive to improve the lives of those in need."

Donor Information (please print or type)

Name _____

Billing address _____

City, Prov., Postal Code _____

Phone 1 | Phone 2 _____

Fax | Email _____

Pledge Information

I (we) pledge a total of \$ _____ to be paid: now monthly quarterly yearly.

I (we) will make this contribution in the form of: cash cheque Interac e-Transfer [Send to treasurerbcf@gmail.com], or through: CanadaHelps.org.

I wish to have my donation directed to:

- The General Fund The John Rollock Memorial Scholarships Program
- Annual Golf Tournament Bring On The Spring Event

I acknowledge that an administration fee of 10% of the amount donated (minimum - \$5.00) may be applied to donations to our *Annual Golf Tournament* and *Bring On The Spring Event*.

The Annual BCF Golf Tournament raises funds in support of the SickKids-Caribbean Nurse Training Program, Camp Jumoke (a summer camp for children with sickle cell anemia) and other humanitarian causes. The Bring On The Spring Event raises funds for equipment donations to the Queen Elizabeth Hospital, Barbados.

Acknowledgement Information

Please use the following name(s) in all acknowledgements: _____

I (we) wish to have our gift remain anonymous.

Signature(s)

Date

Please make cheques or other gifts payable to:

Barbados Canada Foundation
5 Lamont Avenue
Toronto, ON M1S 1A8