

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:

- | | |
|--|---|
| <input type="checkbox"/> The General Fund | <input type="checkbox"/> BCF Scholarships Program |
| <input type="checkbox"/> SickKids-Caribbean Initiative | <input type="checkbox"/> Queen Elizabeth Hospital, Barbados |
| <input type="checkbox"/> Bring On The Spring Event | <input type="checkbox"/> Annual BCF Golf Tournament |

I acknowledge that an administration fee of 10% of the amount donated (minimum - \$5.00) may be applied to donations to the *BCF Scholarships Program, SickKids-Caribbean Initiative* or *Queen Elizabeth Hospital*.

Our *Annual BCF Charity Golf Tournament* raises funds in support of the SickKids-Caribbean Initiative's Nurse Training Program and Camp Jumoke - a summer camp for children with sickle cell anemia. In addition, the *Annual 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