



2015 Pledge Drive Donation Form

(please print clearly!)

NAME: _____

TELEPHONE: _____
(Mandatory for Credit Card processing)

STREET ADDRESS: _____

CITY: _____ PROVINCE/STATE: _____

POSTAL/ZIP CODE: _____

EMAIL: _____
(by providing your email, we can keep you in the loop for future CJAM events)

PLEDGE AMOUNT

\$5 \$10 \$20 \$50 \$100 Other _____ Monthly

T-Shirt Size (pledges over \$50) SM M L XL

METHOD OF PAYMENT

CASH
 CHEQUE/MONEY ORDER
 VISA/VISA DEBIT CARD # _____ EXPIRY _____
Sec Code _____
 MASTERCARD CARD # _____ EXPIRY _____
Sec Code _____

NAME OF SHOW: _____

NAME OF VOLUNTEER /PLEDGE TAKER: _____

Office Use Only:

Paid _____ Incentive Rcv'd _____ DB Entry _____