



Cainsville Community Centre

I am pleased to support the
Cainsville Community Centre Campaign

Name: *(please print)* _____

Address: _____

City: _____ Province: _____

Postal Code: _____

Phone: _____ Cell: _____

Email: _____

Please check 1 option below.

I am pleased to make a total contribution of
\$ _____, to be paid as follows:

One-time gift

Annual donation of \$ _____ for _____ years
Annual donation **start date:** _____

Monthly installments of \$ _____ for _____ years

Quarterly installments of \$ _____ for _____ years

Please see reverse for payment options.

Payment Options

Cheque* (cheques may be post-dated).

*Please make cheque payable to the
"County of Brant" with *Cainsville Community Centre* in the memo line.

Credit Card: Visa MasterCard

Name on card: _____

Card number: _____

Expiry date: ____/____ CSC/CSV: _____

This is the 3 digit number on the back of your credit card.

Recognition

For the purposes of recognition, please use the following name(s), (*ie. company name, family name, or in memoriam name*) in all acknowledgements:

I wish for my contribution to remain anonymous.

In the event of changes in my circumstances, I understand that I may modify or cancel my pledge at any time. I will inform the County of Brant's Finance Division in writing.



Mailing Address:

County of Brant
66 Grand River St. N.
Paris, ON N3L 2M2

Attn: Joanne DaCosta

Signature

Date

Cainsville
Community Centre

Campaign Director:
Marilyn Campbell Davis

☎ 647.290.8500

✉ campaignbrant@gmail.com