



## Donation Pledge Form

### Step 1: Donor Information

Salutation:  Mr.  Mrs.  Ms.  Dr. Language:  English  French

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Step 2: Payment Information  Visa  MasterCard

Name (as it appears on card): \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Expiration Date: \_\_\_\_ / \_\_\_\_  
(MM / YY)

Installments of: \$ \_\_\_\_\_  Monthly  Annually

Beginning: \_\_\_\_ / \_\_\_\_ Payable over:  1 year  2 years  Other (Specify: \_\_\_\_\_)  
(MM / YYYY)

I understand that the amount I indicate above will be automatically charged on my credit card on the \_\_\_\_ (date) of each month. I know I can alter or cancel this payment option at any time by contacting NOVA Montréal at (514) 866-6801.

Please return this reply to: NOVA Montréal Fax (514) 866-4902  
310 Victoria, Suite 403  
Westmount QC H3Z 2M9

Signature : \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(MM / DD / YY)

Thank you for your generosity!  
Income Tax receipts are provided for donations over \$20.