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DONATION / PLEDGE FORM

www.babysbreathcanada.ca

Date _____ Name _____

Organization _____

Address _____

City _____ Province _____ Postal Code _____

Daytime Phone _____ Evening Phone _____ Email _____

I would like to support Baby's Breath with a:

One-time Monthly Quarterly Annual **Gift of \$** _____

For (monthly/quarterly/annual gifts): 1 year 3 years 5 years Until I advise otherwise

I would like to direct my gift to: Highest Priority Fund Research and Scholarships

Method of Payment

VISA MasterCard _____ Expiry _____

Signature _____

Pre-authorized Chequing (enclose a **void** cheque, debited on the 24th of every month)

Personal Cheque (payable to Baby's Breath)

I work for a matching gift company and have enclosed my company's form

Please contact me about paying my pledge with stock

This donation is In memory In honor of: _____

Please send an acknowledgement of my donation to:

Name: _____

Address _____

City _____ Province _____ Postal Code _____

Please consider my gift to be anonymous (**or**)

For recognition purposes, please recognize this contribution in all print or online references as received from:

Please contact me with information about:

Including Baby's Breath in my will Establishing a named fund at Baby's Breath