

Pledge of Support

Charitable Registration Number: 1191 1862 RR0001

Name: _____

Address: _____

City: _____ Prov: _____ Postal Code: _____

Email Address: _____ Phone: _____

Pledge Statement

I/We pledge a total gift of \$_____ payable over _____ (up to 4 years) to READ Saskatoon.

Payment Options

Cheque

Payment: Annual Monthly One-Time
(Cheques to be made out to **READ Saskatoon.**)

Credit Card

Payment: Visa Mastercard One-Time
 Annual Monthly

Card Number: _____ Expiry: _____

Card Holder Name: _____

Billing Address: (if different than above.) _____

Securities: Contact your financial advisor.

Donation Options

Please indicate the date you wish your pledge to begin: _____

Is this donation in Memory or Tribute? Yes No

Memory/Tribute Information: _____

Signature: _____ **Date:** _____

Charitable receipts will be issued by READ Saskatoon.

To submit pledges and/or gifts:

By mail: READ Saskatoon #2-706 Duchess Street, Saskatoon, SK, S7K 0R3

By email: info@READsaskatoon.com

For more information, please contact READ Saskatoon:

Email: info@READsaskatoon.com **Phone:** (306) 652-5448

