

# Pledge Form

I (we) support the Hospice Southeast New Brunswick (SENB) and I (we) pledge to contribute the sum of:  
 \$ \_\_\_\_\_.

**This amount will be paid over:**

1 year     2 years     3 years     4 years     5 years

**1. Single payment**

Cheque     Cash     Credit Card  
 (please indicate date of receipt: \_\_\_\_\_)

**2. Annual payment** (preauthorized optional)

First cheque enclosed:  Yes     No  
 (please indicate date of receipt: \_\_\_\_\_)

I (we) will send payments on \_\_\_\_\_ MONTH/DAY of each year **OR**

I (we) hereby authorize Hospice of SENB Inc. to withdraw the sum of \_\_\_\_\_ \$ for  
 \_\_\_\_\_ year(s). The preauthorized payment will take place the 15<sup>th</sup> of \_\_\_\_\_ MONTH of each year.

**3. Quarterly Payments** (by preauthorized payment only – tax receipts issued annually)

I (we) hereby authorize Hospice of SENB Inc. to withdraw the sum of \$ \_\_\_\_\_ during the  
 months of \_\_\_\_\_ MONTH , \_\_\_\_\_ MONTH , \_\_\_\_\_ MONTH , and \_\_\_\_\_ MONTH .  
 The preauthorized payment will take place the 15<sup>th</sup> of each month for \_\_\_\_\_ years.

**4. Monthly payment** (Only by preauthorized payment)

I (we) hereby authorize Hospice SENB to withdraw the sum of \$ \_\_\_\_\_ every month for  
 \_\_\_\_\_ months starting on \_\_\_\_\_ MONTH/YEAR . The preauthorized payment will take place the 15<sup>th</sup> of  
 each month.

**5. Shares, stocks and securities**

Contact Marisa Piccini for more details, (506) 688-6012 or [marisa@hospicesenb.ca](mailto:marisa@hospicesenb.ca).

**For preauthorized payment, please enclose a VOID cheque or credit card information. (Preauthorized payments are available for donations over \$250.)**

Credit Card #: \_\_\_\_\_

Expiry Date: \_\_\_\_\_ MONTH/YEAR    Security Code: \_\_\_\_\_

**Information on the donor:**

Name(s): \_\_\_\_\_  
 (Print name for receipt if different from name above)

Address: \_\_\_\_\_

City: \_\_\_\_\_

Postal code: \_\_\_\_\_    Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Home ( ) Work ( ) Cell ( )

## Pledge Form

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**For Gifts over \$1 000:**

- I (we) authorize you to disclose my (our) name(s) and the amount of my (our) contribution.
- I (we) authorize you to disclose my (our) name(s), but not the amount of my (our) contribution.
- I (we) prefer my (our) contribution to remain confidential.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please make your cheque payable to: **Hospice Southeast New Brunswick (SENB) Inc.**  
156 Pleasant Street, Moncton, NB E1A 2V5  
Tel: 506-383-2404 ■ marisa@hospicesenb.ca  
Charitable number: 849017941RT0001

*All gifts are tax deductible as provided by law.*