



P L E D G E Form

Name: _____

Address: _____

City: _____

Postal Code: _____ Email: _____

Telephone: _____ Fax: _____

I agree to support the Camp Tulakadik fund-raising campaign and I pledge to contribute the sum of:

\$ _____

This amount will be paid over:

_____ Years One-Time Pre-Authorized Giving Other: _____

Payment by cheque: Cheque(s) enclosed: Yes:

Please make cheque payable to: **Camp Tulakadik**

Payment by Pre-Authorized Payments: Please fill in the attached authorization form.

Payments by Credit Card:		Visa <input type="checkbox"/>	Mastercard <input type="checkbox"/>
Cardholder Name: _____			
Card #: _____		Expiration Date: _____	
Signature: _____			
(for credit card)			

Signature: _____ Date: _____

All gifts are tax deductible as permitted by the Canada Revenue Agency.
www.cra-arc.gc.ca/charities



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Tel: 506-839-2964
Fax: 506-839-2461
Email: info@camptulakadik.com



Thank you so much for your support!

Please keep in mind that your commitment to our Capital Campaign needs to be over and above your regular support of Camp Tulakadik. We depend on the support of our regular donors to meet our budget and program needs.