



Donor Information

Name/s: _____

Address: _____ City/Province: _____

PC: _____ Phone: _____

Email: _____

Pledge Information (pledges will be collected when city council approves the project)

I (we) pledge a total of \$_____ to be paid (check one):

One Time Annually over 3 years Annually over 5 years

I (we) plan to make this contribution in the form of:

Cheque Credit Card Other

We are partnering with the Sarnia Community Foundation to manage all monetary donations. Cheques can be made out to the Sarnia Community Foundation. The funds raised will sit in a restricted fund at SCF to be granted solely to the Gallery in the Grove and/or a library facility located in Bright's Grove. All information is confidential and will only be shared with the Sarnia Community Foundation. Donor Receipts will be issued.

Credit Card Information: Type: _____ Number: _____

Expiry: _____

Signature: _____

Acknowledgement Information

Please use the following name(s) in all acknowledgments:

I (we) wish to have our pledge remain anonymous.

Signature (s)

Date

This form can be dropped off or mailed to Gallery in the Grove 2618 Hamilton Road, Brights Grove NON 1C0 or, Sarnia Community Foundation 110-560 Exmouth St. Sarnia, ON N7T 5P5 bgcommunityhub@gmail.com

