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INVESTING IN INNOVATION CAMPAIGN PLEDGE FORM

Name _____
Mailing Address _____
Phone _____
Fax _____
Email _____

I confirm my support for the Investing in Innovation Campaign and pledge the following donation:

Amount Per Year _____
Number Of Years _____
TOTAL AMOUNT _____

Payment Method:

- Cheque Please make cheques payable to the Pan Am Clinic Foundation Inc.
 Yes, I would like to receive invoices when my pledge is due
- Visa Card Number _____ Expiry Date _____
- Mastercard Card Number _____ Expiry Date _____
- American Express Card Number _____ Expiry Date _____

For multi-year credit card donations, please indicate the anniversary date for each payment:

Year 1 _____
Year 2 _____
Year 3 _____
Year 4 _____
Year 5 _____

For donor wall purposes, please show donor gift as:

Signature _____