



Kiwanis
NURSING HOME

A Place To Call Home 
Capital Renovation Campaign

In support of the “A Place To Call Home” campaign

I / We agree to contribute to the “A Place To Call Home” campaign the sum of \$ _____.

I / We expect to make this gift in cash over a period of _____ years, beginning _____ (month/year).

I / We plan to make installments:

Annually _____ Semi-Annually _____ Quarterly _____ Monthly _____ Other _____

Please send pledge reminders and receipts to: the email address below, or the street address below.

Name

Address

Apartment #

Street

City

Province

Postal Code

Tel: (home)

(business)

(mobile)

(email)

Signature

Date

Payment Information:

Via Cheque

Cheques should be made payable to Bryant Drive Holdings Inc and designated for “A Place To Call Home” campaign.

Via Electronic Funds Transfer (EFT)

EFT authorization forms will be sent to the email address identified above.

Acknowledgement

My donation may be publicly acknowledged: YES NO

If yes, in the name of: _____

Signature

Date

Charitable Business Number: 13941 9527 RR0001 - An annual tax receipt will be issued.

THANK YOU FOR YOUR CONTRIBUTION!

Kiwanis Nursing Home Foundation / Bryant Drive Holdings Inc
11 Bryant Drive, Sussex, New Brunswick E4E 2P3
www.kiwanisnursinghome.com