



HEART OF THE HAZELTONS  
upper skeena recreation centre

## CAMPAIGN PLEDGE FORM

**YES!** I will support  
Heart of the Hazeltons

### 1 Personal/Organization Information

Name

Title

Organization

Address

City

Province

Postal Code

Email Address

Phone Number

Fax Number

### 2 Recognition & Naming Opportunities

May we recognize you by including  Yes  
your name in published donor lists?  No

If you answered "yes", how would you like your  
name(s) to appear?

Are you interested in naming opportunities for  
the Upper Skeena Recreation Centre.

You will be contact with additional information.

For more information please visit  
[www.heartofthehazeltons.ca](http://www.heartofthehazeltons.ca) or call 250-842-6571

Please return this form along with  
your donation (if applicable) to:

Heart of the Hazeltons Campaign  
P.O. Box 340, New Hazelton, BC, V0J  
2J0 Ph: 250 842 6571  
[info@heartofthehazeltons.ca](mailto:info@heartofthehazeltons.ca)

### 3 Commitment Options

#### A) Cheque

Cheque enclosed in the amount of: \$ \_\_\_\_\_

Posted-dated cheques in the amount of: \$ \_\_\_\_\_

*Make cheques payable to Regional District of Kitimat Stikine.*

#### B) Credit Card

Credit card payment in the amount of: \$ \_\_\_\_\_

Visa  MasterCard

\_\_\_\_\_ MM / YY  
Card Number Expiry

Cardholder Name

Cardholder Signature

#### C) Please Charge

Monthly  Quarterly  
 Semi-Annually  Annually

Instalments of: \$ \_\_\_\_\_ For a total of: \$ \_\_\_\_\_

\_\_\_\_\_ DD / MM / YY \_\_\_\_\_ DD / MM / YY  
Beginning Date Ending Date

### 4 Designation

To build the Upper Skeena  
Recreation Centre \$ \_\_\_\_\_

To support ongoing programs \$ \_\_\_\_\_

Total Commitment \$ \_\_\_\_\_

\_\_\_\_\_ DD / MM / YY  
5 Signature Date

A tax receipt will be sent to you by mail,  
from the Regional District of Kitimat Stikine.

Charitable Business Number: 107882912 RT001