



Smart

COMMITMENT LEVEL

- \$1,000 to support the purchase of a Smart Pump
- One time gift of \$5,000
- \$5,000 a year for five years

PAYMENT INFORMATION

A cheque is enclosed, made out to the "Ajax Pickering Hospital Foundation"

Please charge the following credit card

No: _____

Exp: _____

Please send an invoice to

Name _____

Organization _____

Address _____

Ph _____

Email _____

DONATION CONFIRMATION

I am pleased to confirm our support at

RECOGNITION

Yes, please use the same recognition/logo you have on file.

On donor wall as, as well as for overall Foundation recognition purposes, please recognize us now as _____

PAYMENT TIMELINE

We will be paying this pledge as outlined below.

Payment	Date	Amount
1		
2		
3		
4		
5		

Please send payment correspondence to

Name _____

Ph _____

Email _____

