



A better world through strategic charitable giving

Pledge Information

I am pleased to make a gift of \$ _____ payable over _____ years in support of the CAGP Foundation.

I wish to fulfill this pledge through

monthly quarterly annual other _____

payments of \$ _____ beginning on _____ (M/D/Y).

Pledge Reminders

I would like to be reminded of my pledge _____ days before the installment is due.

Acknowledgement information

I allow the CAGP Foundation to acknowledge me in their donor listing as

I wish my gift to be anonymous

Name _____

Address _____

City _____ Province _____ Postal Code _____

Phone _____ Email _____

Signature _____ Date _____

Thank you!