

# Pledge Form

Thank you for your support! Please return to:  
Inuit Art Foundation / Attn: Alysa Procida  
1655 Dupont Street / Mailbox 11 / Toronto, ON M6P 3T1

## Contact Information

Please print and check appropriate boxes.

Mr.     Mrs.     Ms.     Mr. & Mrs.     Dr.     \_\_\_\_\_ (OTHER)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## Pledge Information

I/We pledge a total gift of: \$ \_\_\_\_\_

I/We wish to pledge this amount over:     One Year     Three Years     Five Years

Instalments:     One Time (paid in full)     Annually     Monthly

My/Our first payment of \$ \_\_\_\_\_ is enclosed OR will be made on \_\_\_\_\_  
(DD/MM/YY)

Subsequent pledge payment on:     Anniversary of 1st payment     Other \_\_\_\_\_  
(DD/MM/YY)

## Payment Information

Cheque (payable to IAF)     Credit Card    Type of card:     Visa     MasterCard     American Express

Card No.: \_\_\_\_\_ Expiry Date: \_\_\_\_\_ CVV: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

## Recognition Information:

For Recognition purposes:

I/We wish my/our gift to be anonymous.

I/We wish my/our gift to be acknowledged as follows: \_\_\_\_\_

\_\_\_\_\_  
**Signature (required)**

\_\_\_\_\_  
**Date**