



Campaign Donation Pledge Form

Thank you for helping us empower more women to find recovery, healing, and the opportunity to build new, supportive relationships!

Please complete this form to confirm your support of the **Raise a Roof Campaign.**

Donor Name(s): _____

Contact Name (if gift is on behalf of a corporation): _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Email: _____

Check here if your employer offers a matching gift program.

Business Name: _____

I wish to donate: \$ _____ to be paid as:

One time gift

Multi year pledge*

*If the donation will be fulfilled in installments, please specify the number, amount and date/frequency of

installments: (monthly, annual or other): _____

Date: _____ **Signature:** _____

Sophia Recovery Centre will send reminders for installments. At any time in the future, the frequency of gift fulfillment may be adjusted by the donor. We kindly ask for 30 days' notice of any changes.

Thank you for your support!

www.sophiarecoverycentre.com

Charitable #: 829140896RR0001

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This donation is made in honor of the following individual(s):

Please send notice of this gift to:

Name _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Email: _____

I am participating in the “Buy a Brick” campaign. Please inscribe this name on my brick to be included in the centre’s Gratitude Wall:

It is our practice to list donors’ names and gift ranges in communications materials.

I/We wish for this donation to be anonymous

I/We plan to make our contribution by:

- Cheque (make payable to Sophia Recovery Centre)
- Gift of Securities: contact us for more information about this option
- E-transfer: Please call us to confirm arrangements.
- Credit Card: (charged on the ___15th or ___30th of each month for pledged installments)

VISA MASTERCARD AMERICAN EXPRESS

Name on Card: _____

Card Number: _____ Expiry: _____ CCV: _____

Billing address is the same as above. (If not, please include billing address below)

Address: _____

City: _____ Province: _____ Postal Code: _____

Other (please specify) _____

Questions? Please contact Julie Atkinson, Executive Director, at Director@sophiarecovery.com or (506) 343-0860.

Please return this form to: 83 Hazen Street, Saint John, NB, E2L3L2 or scan and email to above address.

Thank you for your support!

www.sophiarecoverycentre.com

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