



## Growing a Caring Community Gift and Pledge Form

Father Lacombe Care Centre Foundation

### Donor Information (please print or type)

Name			
Address			
City			
Province		Postal Code	
Telephone (home)		Business	
E-Mail			

### I would like to my gift to support the following project(s):

Where it is most needed	<input type="checkbox"/> PCC Building Fund	<input type="checkbox"/> PCC Chapel	<input type="checkbox"/> PCC Gardens
In Memoriam/In Honour	<input type="checkbox"/>	<input type="checkbox"/> Call to Discuss	<input type="checkbox"/> Invite to Legacy Dinner
Method of Payment:	<input type="checkbox"/> VISA	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Cheque
	<input type="checkbox"/> Other (we will contact you to discuss)		<input type="checkbox"/>
	Credit Card #		Expiry Date
Authorized Signature			

### Gift Information:

**Option A:** I authorize a one-time gift in the amount of \$\_\_\_\_\_

**Option B:** I authorize a monthly payment of \$\_\_\_\_\_ until I give further notice to the foundation

**Option C:** I authorize a monthly payment of \$\_\_\_\_\_ for \_\_\_\_\_ months

### Acknowledgement Information

Please use the following name(s) in all acknowledgements:

\_\_\_\_ I (we) wish to have our gift remain anonymous.

Please make cheques or other gifts payable to FLCC Foundation and mail or fax to:

Father Lacombe Care Centre Foundation  
 270 Providence BV SE  
 Calgary, AB T2X 0V6  
 Fax: 403 254-6297

FLCC Foundation Charitable # 85529-7867-RR0001

***Thank you very much for your support of the new Care Centre Development***