



Central Okanagan
Child Development Association

Donation/Pledge Form

Supporting families to meet the exceptional development needs of children
through Early Intervention

Donor Information (please print or type)

A tax deductible receipt will be issued and sent to the address below:

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

Donation / Pledge Information

I (we) pledge a total of \$_____ to be paid: ___ now, ___ Please contact me a year from now.
___ monthly ___ quarterly ___ yearly. End date: _____

I (we) plan to make this contribution in the form of: ___ cash ___ cheque ___ credit card ___ other.

Credit card type	
Credit card number	
Expiration date	
Authorized signature	

Gift will be matched by _____ (company/family/foundation).

___ form enclosed ___ form will be forwarded

Acknowledgement Information

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

--

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

Signature(s)	Date
--------------	------

Please make cheques, corporate matches, or other gifts payable to:

The Central Okanagan Child Development Association

1546 Bernard Avenue

Kelowna, BC V1Y 6R9

Phone: (250) 763-5100 Email: info@COFDA.com

Thank you. Your financial support is essential to the continued success of our programs.