



Donor Pledge Form (Please Print)

Company _____
 Contact name _____
 Address _____
 City _____ Prov. _____ Postal Code _____
 Email _____ Phone _____ Fax _____

A.	Donation of merchandise or professional services:	
	Description of item (s):	

	Market Value \$	
B.	Cash Donation	
	<input type="checkbox"/> Cheque/money order payable to	
	Treasures of Christmas	
	<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard Expiry ___/___	
	Card # _____	
	Signature _____	
	Charitable Tax# 8948550635 RR0001	
	Tax receipts will be issued for cash donations only.	

All donations must be confirmed by November 4, 2011 in order to be acknowledged in event program.
 We ask that all donations are received by November 11, 2011.

Please forward to: Treasures of Christmas #200-2232 McAllister Avenue Port Coquitlam, BC V3C 2A6 Phone: 604-945-0606 Fax: 604-945-9071 Website: www.treasuresofchristmas.ca	Treasures of Christmas Representative Please print name
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The use of your personal information will be used exclusively for Treasures of Christmas purposes and will not be shared or sold to any other party.

For office use only:			
Date received		Auction/Treasurer	
Database		Program	