



JACKMAN REGIONAL PARAMEDICINE PROGRAM

~ PLEDGE FORM ~

Donor Information:

- Personal Gift
- Company Gift (Name of Business/Organization): _____

Name of Donor(s) or Company:

Contact: _____

Address: _____

City/State/Zip: _____

Telephone: _____

Email: _____

- I/We wish to make this gift in honor of: _____
- I/We wish to make this gift in memory of: _____

I/We wish to support Jackman's Regional Paramedicine Program as follows:

TOTAL DONATION AMOUNT:

\$ _____

- One Time Payment Enclosed: (Made Payable to: Town of Jackman)
- Pledge (Note in memo area: Paramedicine Fund)

PLEDGE INFORMATION:

Pledge Installments: \$ _____

- Monthly
- Quarterly
- Annually

Recognition Information:

All donors may be recognized in Town of Jackman materials, reports and/or public displays unless an anonymous gift is requested.

Please use the following name(s) in all acknowledgments: _____

SIGNATURE (REQUIRED): _____ DATE: _____