

INNOVATORS

An exclusive program of:



PLEDGE FORM

- Yes, I/we would like to be a Children's Hospital Foundation of Manitoba Innovator by making a commitment of \$_____ per year for the next two years (minimum \$3,000 per year).
- I/we agree that my donation will be designated to the Children's Hospital Foundation of Manitoba Innovators Fund, where funds will be collectively disbursed at the end of each year towards an area of priority for the Children's Hospital or the Children's Hospital Research Institute of Manitoba.
- I/we agree to the terms and conditions on the next page.

CONTACT INFORMATION

Name(s): _____ Address: _____
Phone: (Home): _____ (Cell): _____
Email(s): _____

RECOGNITION

- Where the opportunity for public recognition arises, I/we would like to be acknowledged as:
- I/we would prefer to remain anonymous

SOCIAL MEDIA

Please tell us which social networks you currently use. Mark all that apply:

- Facebook Twitter LinkedIn Instagram Other (please specify) _____

PAYMENT OPTIONS

I would like to make my donation:

- Annually on: _____ In monthly installments, beginning on: _____
- Other: _____

I would like to pay by:

- Cheque. Please make any cheques payable to the *Children's Hospital Foundation of Manitoba*
- Charge the donation to my credit card: Visa MasterCard AMEX

Card Number: _____ Expiry Date: ____ mm / ____ yy

Name on Card: _____

Signature _____ Date _____

For more information or to fax your application, contact Andrew Ferris, aferris@hsc.mb.ca, 204-787-4093 or fax 204-787-4114.

Charitable Organization Registration Number: 11885 249 ORR0001