



Total Pledge \$ _____

Initial Gift \$ _____ Balance of Donation \$ _____

Remaining Pledge Payments

Amount of yearly payment installment and month in which installment will be remitted:

2027 \$ _____ / _____ 2028 \$ _____ / _____
Amt./Month Amt./Month

2029 \$ _____ / _____ 2030 \$ _____ / _____
Amt./Month Amt./Month

NAME (PLEASE PRINT)

COMPANY (IF APPLICABLE)

ADDRESS

CITY PROVINCE POSTAL CODE

TELEPHONE EMAIL

SIGNATURE DATE

Please make cheque payable to the
AMGH Foundation.

All gifts will receive a receipt for income tax purposes.

I/we wish to remain anonymous. Please do not acknowledge my/our name(s) as a campaign donor.

Charitable Registration #89060 1248 RR 0001



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