

# SOW HOPE, SOW THE WORD

## Commitment form

### 1. Personal information

Corporation or business  Personal donation  Pro Don N°: \_\_\_\_\_

First Name \_\_\_\_\_ Last name \_\_\_\_\_

Organization \_\_\_\_\_ Job title \_\_\_\_\_

Address (N°, street) \_\_\_\_\_ Apartment \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Post code \_\_\_\_\_

Country \_\_\_\_\_ Email address \_\_\_\_\_

Home phone \_\_\_\_\_ Office phone \_\_\_\_\_ Ext. \_\_\_\_\_ Cell phone \_\_\_\_\_

### 2. In recognition for my (our) contribution

- I allow the organization to publish my name and the amount of my donation.  
 I allow the organization to publish my name while keeping the amount of my donation confidential.  
 I prefer that my name and the amount of my donation remain confidential.

In accordance with the organization's recognition policy, I consent to my name being entered as follows: \_\_\_\_\_

### 3. Donation détails

I agree to contribute **annually** the sum of: \_\_\_\_\_ \$ for \_\_\_\_\_ years for a total of: \_\_\_\_\_ \$

1<sup>st</sup> installment on: \_\_\_\_\_ 2<sup>nd</sup> installment on: \_\_\_\_\_ 3<sup>rd</sup> installment on: \_\_\_\_\_  
Year Month Day Year Month Day Year Month Day

4<sup>th</sup> installment on: \_\_\_\_\_ 5<sup>th</sup> installment on: \_\_\_\_\_  
Year Month Day Year Month Day

Precisions: \_\_\_\_\_

### 4. Payment method

**By check** (to Le Verbe médias)

**Visa**  **MasterCard**

Credit card number: \_\_\_\_\_

Engagement date: \_\_\_\_\_  
Année Mois Jour

Exp.: \_\_\_\_\_ CVC: \_\_\_\_\_  
Month Year

Cardholder Name \_\_\_\_\_

**Please send your  
contribution to:**

Le Verbe médias  
 2470, rue Triquet, Québec (Québec) G1W 1E2  
 418 908-3438  
 info@le-verbe.com  
 www.le-verbe.com

Donations are tax deductible to the extent  
determined by law.

Charitable Registration Number: 13687 8220 RR 0001