



ASSURED FAMILY FOUNDATION

PLEDGE FORM

YES! I would like to Support Assured Family Foundation

Amount: \$50 \$100, \$200 \$500 Other \$ ONE TIME MONTHLY (\$ _____ X _____ Months)

Method: Cash Cheque Credit Card No. _____

Expiry MM/YY (back of card) CVD # # # #

Cardholder Name: _____ Signatures: _____

Please issue cheque payable to: Assured Family Foundation (AFF).

Legal Name: Address: City / Province:

Postal Code: Telephone: Email:

Authorized Signatures/Name YY YY/MM/DD

Special instructions (if any):

- For monthly withdrawals from your bank, please attach void check.
- If you want to change/cancel your monthly pledge, please send notice of change or termination to info@assuredfamily.org
- For making online donations, please visit www.assuredfamily.org (PayPal or credit cards).