**YES! I want to SAVE SICKLE POINT!**

Name(s):

Address:

City, Prov, PC:

Phone: Cell:

Email:

**Total Amount of Pledge:**

**Method of Payment(s)**

*When the time comes to fulfill your pledge*, you may donate in the following ways:

* Cheques payable to: Community Foundation of the South Okanagan Similkameen
* Credit card
* Gift of publicly traded securities (please contact Aaron McRann in advance at 250-488-0036)

**Public Recognition**

* The Community Foundation may publicly acknowledge my commitment
* I/we would consent to being profiled in a media story or in Foundation publications

**Terms of Pledge**

1. Pledges to the Sickle Point Fund will be held by the Community Foundation until such time as the land can be acquired or the Foundation and the Sickle Point Committee determine that land cannot be acquired.
2. When the land is available to be purchased you will be asked to immediately complete your pledge with a full donation.
3. Donations received by the Foundation will be issued tax receipts.

Donor Signature Date

***Please send your complete pledge form to the Community Foundation of the South Okanagan|Similkameen by email or mail (details in header).***

Your Name:

Can you tell us why you are donating to save Sickle Point?

Would you authorize us to use some or all of your comments for marketing and publicity?

* Yes
* No

If Yes, are we authorized to use your name or would you prefer to remain anonymous?

* You can use my name.
* I prefer to remain anonymous.

Do you have any other comments or feedback for us?