




PLEDGE FORM

Organization:	Address:	Tel:	Contact Name:
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Name	Address	Email	Payment Type	Credit Card	Amount	Signature
Bob Smith	323 Main St Vancouver, BC, V5E 4T1	bobs@yahoo.com	<input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Cheque <input type="checkbox"/> Cash	#: 4212 1234 5678 8998 Security Code: 451 Expiry: 10/15	\$50	
			<input type="checkbox"/> Credit Card <input type="checkbox"/> Cheque <input type="checkbox"/> Cash	#: _____ Security Code: _____ Expiry: _____	\$	
			<input type="checkbox"/> Credit Card <input type="checkbox"/> Cheque <input type="checkbox"/> Cash	#: _____ Security Code: _____ Expiry: _____	\$	
			<input type="checkbox"/> Credit Card <input type="checkbox"/> Cheque <input type="checkbox"/> Cash	#: _____ Security Code: _____ Expiry: _____	\$	
			<input type="checkbox"/> Credit Card <input type="checkbox"/> Cheque <input type="checkbox"/> Cash	#: _____ Security Code: _____ Expiry: _____	\$	