**Kitty Hilton Memorial Fund - Pledge form** 

**Pledger(s) information** (Agree to have my name(s) published as follows)

|  |  |
| --- | --- |
| First Name: | Last Name: |
| First Name: | Last Name: |
| Phone: **HOME BUSINESS MOBILE** |
| Street Address: |
| Suburb | City |
| Postcode:  |
| Email Address: |

**Pledge information**

I/We would like to pledge

$

|  |
| --- |
| My gift will be donated as: (tick one) |
|  | A single gift |  |  | Monthly payments of | $ | Starting | Day |  | Month |  | Year |  |
| Date: |  |  | Annual Payments of | $ | Over: | 1 | 2 | 3 | 4 | 5 | Years (circle one) |

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**Options for Payment** (tick one)

|  |  |
| --- | --- |
|  | I will set up an automatic payment to make regular payments with my bank to:**Account name: Fundraising Institute of New Zealand Incorporated** **Account number: 12-3192 0063762-00**Enter the following into your Automatic Payment:Particular: (Your Name)Payee Code: PledgeReference: Kitty Hilton |
|  |
|  |
|  |
|  | I will charge my credit card. Please email admin@finz.org.nz to arrange for credit card payment. |

**Pledger recognition** (tick if necessary)

|  |  |  |
| --- | --- | --- |
|  | I/We wish to remain anonymous |  |
|  | Signed: | Date: |

*Fundraising Institute of New Zealand Incorporated is a Registered Charity, registration number CC55344, and as such your gifts are tax deductible to the extent allowed by New Zealand law.*