**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: Pledge  Reference: Kitty Hilton |
|  |
|  |
|  |
|  | I will charge my credit card. Please email [admin@finz.org.nz](mailto: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.*