



Donation-Pledge
For the CHHA Scholarship Program
and the
Frank Algar Memorial Scholarship

Yes, I would like to support the CHHA Scholarship Program by contributing to the financial legacy of the Canadian Hard of Hearing Foundation.

I assign _____% of my donation to the CHHA Scholarship Program.

I assign _____% of my donation to the Frank Algar Memorial Scholarship.

Further, I hereby instruct the Canadian Hard of Hearing Association Foundation (CHHAF) that this gift be held by CHHAF for period of 10 years or more to provide a permanent endowment for the Scholarships.

There are two ways to give:

1. My Lump Sum donation is \$_____ and my preferred method of payment is:

Cheque Visa
 MasterCard Card Number _____ Expiry ____/____

2. I prefer to give monthly a sum of \$_____

I authorize you the make Automatic Monthly Credit Card withdrawals for the above sum until cancelled by me in writing.

Signature: _____ Your name as it appears on the card: _____

Your Mailing Address for receipt:

Name: _____

Street: _____ City: _____ Province: _____

Postal Code: _____ Telephone Number: _____

Please Send This sheet and your donation to:
The Canadian Hard of Hearing Association Foundation
4750 Belmont Avenue
Vancouver, British Columbia
V6T 1A9