



Everest for Altruvest Pledge Form

Yes, I wish to help Altruvest expand its important work in the future!

Name _____
Title _____
Company _____
Address _____ City _____
Province/State _____ Postal/Zip Code _____ Country _____
Email _____ Ph _____ Fax _____

- I am pleased to pledge _____ per foot climbed for a total of \$ _____ when you climb the 29,035 feet summit to Everest for Altruvest.
- I prefer to donate a set "Summit" amount of \$ _____.
- I prefer to discuss a partial donation now and a partial donation as a planned gift. Please call me.



- I am attaching a cheque payable to "Altruvest Charitable Services".
- Please invoice me in _____ (month) 2005.

Credit Card Information

Name on Credit Card: _____ VISA MasterCard

Card Billing Address: _____
(if different than above)

Card Number: _____ Security Code: _____

Expiry Date: _____ Signature: _____

All donations will receive a tax receipt in the name of the donor.

Name to use in donor recognition (if different than above): _____

- I prefer to remain anonymous in your donor recognition

Thank you for helping us take Altruvest and charities to new heights!

Please complete your pledge today and fax to 905.696.9921 or mail to:

**Everest for Altruvest
6900 Maritz Drive, Mississauga, ON Canada L5W 1L8**

Canadian Charitable Registration #89281 4161 RR0001