



" Preserving the Miramichi Salmon, in perpetuity" MIRAMICHI FOREVER FUNDS

Pledge of Support

I (We) wish to make a total contribution of support in the amount of \$ _____, payable over a period of ____ years. This donation is to be designated as follows:

- Discretionary Funds** – to be available for Board approved spending on budgeted operations or contingency requirements.
- Endowment Funds** – to be added to existing MSA endowment funds, with expenditures limited to approved annual rates of return.
- Named Trust Funds** – to be segregated and administered in strict accordance with donor's instructions, and to be listed annually in MSA's audited financial statements.

Recognition:

- Please feel free to list my contribution within MSA premises and in MSA communications.
- I wish to remain private and anonymous with respect to my contribution.

Payment Schedule:

- Pledge payable over: 1 2 3 4 5 years A first payment of _____ is attached.
- Please send my yearly pledge payment reminder(s) on the following date: _____
- Please charge this credit card as per the payment schedule above:

credit card #: _____ expiry date: _____

Name (s): _____

Address: _____

Address: _____

City: _____ Prov/State: _____ Postal/Zip Code: _____

Phone (bus/res): _____ E-Mail: _____

Date: _____ Signature(s): _____

Miramichi Salmon Association, Inc.
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 CND Charitable Registration No. 0203216-54-05

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 c/o Guild Associates: (781) 397-8870
 389 Main Street, Suite 202, Malden, MA 02148
 US Charitable Registration No. 04-3216159