



## **BED AND BOARD PLEDGE FORM**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Select the frequency of your pledge:

Monthly   
(Minimum \$10)

Quarterly   
(Minimum \$30)

Six monthly   
(Minimum \$60)

Annually   
(Minimum \$120)

Nominate your pledge amount: \$ \_\_\_\_\_

Please complete the attached automatic authority form and return both forms to:

The Manager  
Waikato SPCA  
PO Box 15085  
HAMILTON

Our very grateful thanks to you.