

Pledge Form



Edmonton Mennonite Center for Newcomers

Donor Information (please print or type)

Name _____

Mailing address _____

City _____

Province _____

Zip code _____

Phone 1 | Phone 2 _____

Fax | Email _____

Pledge Information

I (we) pledge a total of \$_____ to be paid: now monthly quarterly yearly.

Acknowledgement Information

Please use the following name(s) in all acknowledgements: _____

I (we) wish to have our gift remain anonymous.

Signature(s)

Date

Please make checks or other gifts payable to:

Edmonton Mennonite Center for Newcomers
11713 82 St. NW,
Edmonton, AB T5B 2V9