

Church Street Refugee Sponsorship Group Pledge Form

I/we pledge to donate \$ _____ per month for _____ months to a total of \$ _____

Beginning date _____ ending date _____

Please find attached _____ postdated cheques.

Please find attached "REQUEST FOR PAYMENT OF OFFERINGS BY PRE-AUTHORIZED REMITTANCE"

Cheques are made out to "St Peter's Refugee Fund"

Signed _____

Name (printed) _____

Address _____

Phone _____

Email _____