

**ALKAWTHAR COMMUNITY CENTRE OF CALGARY
5204 - 16 AVENUE S.E. CALGARY, AB T2A 7M6
(403) 998-2497**

Website: <http://www.alkawtharcalgary.ca> Email: info@alkawtharcalgary.ca
<http://www.facebook.com/groups/alkawtharcommunitycentre>

MONTHLY PLEDGE FORM

First Name _____ Last Name _____
 Spouse's Full Name _____
 Address _____
 City/Province _____ Postal Code _____
 Telephone _____ Cell Phone _____
 Email Address _____

The success of the Alkawthar Community Centre depends on the support and involvement of its members. Your donations will keep the doors of the Centre open and the religious, cultural and youth programs alive.

Monthly Pledge Schedule	
Monthly Pledge Option 1	\$50/month
Monthly Pledge Option 2	\$100/month
Monthly Pledge Option 3	Other Amount/month

I, _____, commit to pay _____ per month. This payment is to support all ongoing expenses of my community centre, Alkawthar, as it delivers valuable programs for me and my family.

Payments may be made by cheque, cash or automatic withdrawal. Payment for the full year is acceptable. Cheques should be made payable to: Alkawthar Community Centre of Calgary

A monthly donation along with an active membership entitles members in good standing to vote at the Centre's general meetings.

Method of Payment		
Automatic Withdrawal	Cash	Postdated Cheques

Signature: _____

Date: _____

For Office Use Only	
Pledged Amount _____	Payment Date _____
Receipt No. _____	Issued By _____