

PLEDGE FORM

Full Name:

Address:

City:

Province:

Postal Code:

Phone Number:

E-Mail:

Yes, I want to support the mission of the Rosary Apostolate with a pledge of:

(Please circle one of the following)

\$10 \$20 \$30 \$40 \$50 \$75 \$100 \$200 \$500 \$1,000 \$2,000 \$5,000

Other: \$ _____

I hereby, pledge to mail to the Rosary Apostolate Head Office the above amount: *(Please circle one of the following)*

Annually

Quarterly

Monthly

Just this one time

Please place a check mark on one of the following:

Yes, send me an income tax receipt at the end of the year.

No, do not send me an income tax receipt.

The undersigned wishes to make a donation in the above amount to The Rosary Apostolate by check; and hereby agrees that the donation is made voluntarily and without any expectation of any return, right, privilege, recognition, benefit or advantage of any kind from the Rosary Apostolate, other than the issuance to the donor of an income tax receipt evidencing the Donation;

The donor has not imposed any restriction or limitation of any nature or kind on the utilization of the donation by the Rosary Apostolate, and this organization may use the donation in such manner or manners as it may in its sole and absolute discretion consider advisable, without any further reference to the donor.

Signature: _____

Date: _____

Please make checks payable to: The Rosary Apostolate

Mail to: **The Rosary Apostolate Inc.**
1208 Warden Ave.
Scarborough, ON. M1R 2R3