

Yes, I wish to support the GO Community Centre!

Name:		Telephone:		
Address:				
City:	Province:	Post	al Code:	
l wish to make a to	tal contribution	, to be po	nid as	
	nt Inclosed; OR rd - please call (780)492-5	999 or visit GOo	centre.com	
□ Monthly Installm □ To be pai □ To be cha	ents of \$fd by cheque by the 30th o arged to credit card by the	for f each month be 30th of each m	months (1-36 months) eginning / (mm/yy); OR nonth beginning / (mm/y	yy)
□ Annual Installme □ To be pai □ To be cha	nts of \$	for f 30th of	years (1-5 years) (month) each year; OR (month) each year	
☐ First installmen ☐ First installmen	nt to be paid immediately nt will be paid on/		(dd/mm/yyyy)	
	se contact us if you	•	sed through CanadaHe e using the online forum	•
□ Please use this	s name in all acknowledger	ments:		
□ I wish my cont	ribution to remain anonym	nous.		
□ I would like to	receive the GO Communit	ty Centre newsl	etter and updates	
In the event of cl my pledge at any		umstances, I un	derstand that I may modify or	cancel
Signature		Date		