



2026 PLEDGE FORM

Your information

Name: _____

Address: _____

Phone: _____

The donor's <u>full address</u> is required for a tax receipt to be issued. Please make all cheques payable to <u>Hope Mission</u> .						Amount
Donor Name		Phone		Email		
Address			City	Prov.	Postal Code	<input type="checkbox"/> Cash <input type="checkbox"/> Chq. <input type="checkbox"/> Online
Donor Name		Phone		Email		
Address			City	Prov.	Postal Code	<input type="checkbox"/> Cash <input type="checkbox"/> Chq. <input type="checkbox"/> Online
Donor Name		Phone		Email		
Address			City	Prov.	Postal Code	<input type="checkbox"/> Cash <input type="checkbox"/> Chq. <input type="checkbox"/> Online
Donor Name		Phone		Email		
Address			City	Prov.	Postal Code	<input type="checkbox"/> Cash <input type="checkbox"/> Chq. <input type="checkbox"/> Online
Donor Name		Phone		Email		
Address			City	Prov.	Postal Code	<input type="checkbox"/> Cash <input type="checkbox"/> Chq. <input type="checkbox"/> Online
Donor Name		Phone		Email		
Address			City	Prov.	Postal Code	<input type="checkbox"/> Cash <input type="checkbox"/> Chq. <input type="checkbox"/> Online
Donor Name		Phone		Email		
Address			City	Prov.	Postal Code	<input type="checkbox"/> Cash <input type="checkbox"/> Chq. <input type="checkbox"/> Online
Donor Name		Phone		Email		
Address			City	Prov.	Postal Code	<input type="checkbox"/> Cash <input type="checkbox"/> Chq. <input type="checkbox"/> Online



SCAN TO GIVE ONLINE
hopemission.com/nochildhungry

Total on Page



PO Box 953, Edmonton, AB T5J 2L8
 780-453-3877 • hopemission.com

Collector's Signature: _____