

## **BUDDHA MEDITATION CENTRE**



## MAHAMEVNAWA BUDDHIST MONASTERY SASKATOON

602 Stonebridge Common, Saskatoon SK S7T 0M9

## **Monthly Pledge**

Please use this form if you plan on *dropping off your donation each month* at the monastery. If you would like to have your donation automatically deducted from your bank account, please complete the "Preauthorized Debit (PAD) Agreement for Monthly Pledge" instead.

I would like to indicated belo		ddhist Monastery Saskatoor	through monthly donations as	
		\$100.00 Other amount \$	(please specify)	
This donation is r	nade on behalf of: an individ	ual a business.		
Personal/Bu	usiness Information			
Mr./Ms.	First Name:			
Middle Name(s):				
Last Name:				
Business Nam	e:			
Current Address				
Street No:		Apartment No:	Apartment No:	
Street Name:				
City:		Province:	Postal Code:	
Telephone / Email	1			
Tel (Home/Buss.): ( )		Tel (Mobile/Other): (	Tel (Mobile/Other): ( )	
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Signaturo		Data		
Signature:		Date:		