



2018 Commitment of Generosity

LAST NAME _____ FIRST NAME _____

ADDRESS _____

EMAIL _____ PHONE _____

OUR/MY COMMITMENT IS:

(Please check one.)

- WEEKLY
- MONTHLY
- SEMI-ANNUALLY
- ANNUALLY

AMOUNT _____

_____ We/I would like to contribute by online bank draft. (The Financial Secretary will contact you for bank draft information.)