7481 - 10th Avenue, Bu	maby, BC V3N 281 (604) 526-7121		Office Use:
	·		Date Form Received:
Student's Name:			Notes:
Grade:		1	
Phone Number:			
E-Mail Address:			
		= 1	
Pledge	\$ 80 per student		
Goals	\$ 160 / family of 3 or more students		
Due Tuesday May 21 Please print clearly & 1	<mark>, 2019</mark> legibly if you wish to receive a tax r	eceipt (pledge	s over \$20.00)
If you have OLM Chur	ch Envelopes Please Print the Envelo	pe Number He	re:
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"Rejoice and Be Glad! Blessed are You!" 2019 Pledge Form

Our Lady of Mercy School

Phone Number:

E-Mail: