



## A Four-Year Life Skills Apprenticeship

**An innovative opportunity to champion young women to lead healthy, self-sufficient lifestyles and inspire hope within their communities**

*Every New Beginning Starts With Hope*

**Your Part Matters**

# Pledge Promissory Note

I, \_\_\_\_\_

the donor, as a demonstration of my support of Making Ourselves Matter Services Society (MOMSS) and as per this agreement, promise to donate to MOMSS the amount of my pledge when I am notified in writing by them at such time in the future that they have met their targeted funding goal to launch their services. I will be given a minimum of 30 days' notice to initiate the terms I have agreed to within this promissory note. If MOMSS does not succeed in reaching their goal by December 31, 2016, this agreement becomes null and void.

**I request** to be notified by:

- Telephone and Letter
- Email @ \_\_\_\_\_

\_\_\_\_\_

Charitable Number 833898000RR0001

Tax Receipts will be issued

PO Box 23052,

Prince George, BC V2N 6Z2

[making.ourselves.matter@gmail.com](mailto:making.ourselves.matter@gmail.com)

Phone 250-964-9088 | [www.momss.ca](http://www.momss.ca)

**I pledge** to cover the cost of sponsoring ONE resident for:

- \$12,324.00/year for \_\_\_\_\_ years
- \$1,027.00/month for \_\_\_\_\_ months
- \$237.00/week for \_\_\_\_\_ weeks
- \$33.76/day for \_\_\_\_\_ days

DISCLAIMER: These amounts do not reflect the true total costs of sponsoring a resident but simply are calculated to represent the shortfall required to open.

- At above-listed cost, **I pledge** to cover the cost of sponsoring #\_\_\_\_\_ residents for a period of \_\_\_\_\_

**I agree** to make this donation as a:

- Single one-time donation
- Monthly donation equally divided over a period of \_\_\_\_\_ months until such time as I have met my full promised donation as per this agreement

**I pledge** as an *alternative* donation:

- One-time donation of \$\_\_\_\_\_
- Repeating monthly donation of \$\_\_\_\_\_

Please acknowledge my donation on the website  
Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_

*Signature*