

Mana solījuma kopsumma pēc 12 mēnešiem būs:

My total pledge after 12 months will be:

Lūdzu, norādiet vienu izvēli zemāk. Please check off one of the following below:	Galējā summa Total Pledge	Mēnesī/ Monthly	Nedēļā/ Weekly	Dienā/ Daily
<input type="checkbox"/>	\$4500	\$375	\$93.75	\$12.50
<input type="checkbox"/>	\$2400	\$200	\$50.00	\$6.66
<input type="checkbox"/>	\$1200	\$100	\$25.00	\$3.33
<input type="checkbox"/>	Cits/other:			

Pēc solījuma izpildes, es vēlos, lai par katriem maniem noziedotiem \$1000, par Centra biedru tiktu uzņemtas zemāk minētā(s) persona(s):

At the end of the pledge, I would like each \$1000 total to go towards the membership of the following individual(s):

1. Vārds/Name: _____
E-pasta adrese/Email address: _____

Tālruna numurs/Phone Number: _____
 Child/Youth under 18 years Adult 18 years+
+++++

2. Vārds/Name: _____
E-pasta adrese/Email address: _____

Tālruna numurs/Phone Number: _____
 Child/Youth under 18 years Adult 18 years+
+++++

3. Vārds/Name: _____
E-pasta adrese/Email address: _____

Tālruna numurs/Phone Number: _____
 Child/Youth under 18 years Adult 18 years+
+++++

Solītāja paraksts/Signature of pledge donor: _____

Solījuma izpilde sāksies/pledge will begin:
mēnesis/ month: _____ gads/year: _____

*Mēs gribam palīdzēt Centram!
I/We want to help the Centre!*

Vārds/Name: _____
Adrese/Address: _____

Telefons/Telephone mobilais/cell number: _____

E-pasta adrese/Email address: _____

Lūdzu nesūtiet Centra e-pasta ziņojumus.
Please do not send me Centre news via email

Solījuma kopsumma/Total pledge amount: \$ _____

Sākot ar/Beginning: _____, 2016

Maksāt/Payable:
Mēnesī/monthly _____ Ceturksnī/Quarterly _____
Pusgadā/Semi- annually _____ Vienreizējs/One-time _____

Mēs vēlamies izpildīt šo solījumu ar:
I/We would like to fulfill this commitment by:

Credit Card:
VISA: _____ MasterCard: _____
Credit Card #: _____ Expiry date: ____/____
Name on card: _____

____ čeki rakstīti uz vēlākiem datumiem/ Post dated cheques
____ One cheque/one time

Es veltu savu Centra solījumu šādas organizācijas vārdā:
I am donating in the name of the following group/organization: _____

Jūs saņemsiet nodokļu kvīti pēc katra gada iemaksām.
You will receive a donation receipt at the end of each year you contribute in! **Registration no.:** 119009397RR0001

YOU CAN E-MAIL THIS COMPLETED PLEDGE FORM TO:
office@latviancentre.org
PLEASE DO NOT INCLUDE YOUR CREDIT CARD INFORMATION IF E-MAILING. OFFICE STAFF WILL CONTACT YOU.
YOU CAN ALSO DROP IT OFF AT THE MAIN OFFICE AT THE CENTRE OR PUT IT THROUGH THE SECURE OFFICE MAIL SLOT, LOCATED ON THE MAIN OFFICE DOOR.