

Catholic School of Evangelization - Donation Form

Name: _____ Address: _____

City: _____ Prov/State: _____ Postal Code/Zip: _____

Tele: _____ E-mail: _____

- One time donation of: \$ _____ (Please enclose a cheque or fill in the credit card information.)
- Monthly donation of : \$ _____ automatically deducted from:
 - My bank account (please include a void cheque)
 - Visa Card # _____ - _____ - _____ Expiry date: _____
 - Mastercard Card # _____ - _____ - _____ Expiry date: _____

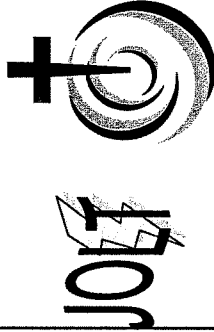
I Hereby authorize the Catholic School of Evangelization to make monthly deductions from my banking account or credit card for the amount indicated above.

Signature: _____ Date: _____

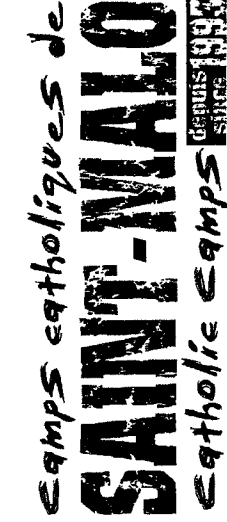
Donations are tax-deductible (reg# 13441 2998 RR0001)

Receipts are issued at year end. Your bank or credit card statement will indicate the CSE's receipt of your donation on a monthly basis.

Catholic School of Evangelization
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 www.catholicway.ca



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Ministries