

**“I would like to donate the following amount as a meaningful contribution of my Faith”:**

**AMOUNT**

**By cheque payable to the Society for the Propagation of the Faith**



\$2,500

\$1,500

\$1,000

\$750

\$250

\$200

\$150

\$50

Other amount \$

I would like to have someone call me to discuss my donation. Telephone # \_\_\_\_\_

Help reduce costs by requesting e-mail receipts instead of paper. Print email \_\_\_\_\_

**By credit card (Please fill details below)**

VISA

MasterCard

AMEX

Card Number \_\_\_\_\_

Expiry Date(mm/yy) \_\_\_\_\_

Name (as it appears on card) \_\_\_\_\_

Telephone No. \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_