✉ Donate by Mail

Please use my gift of:

☐ $20 ☐ $50 ☐ $75 ☐ $100

☐ other amount: $_____

Thank you

so much for your continued support and generosity!

OR, make it a monthly donation of:

☐ $10/month ☐ $25/month ☐ $35/month ☐ $40/month ☐ $_____/month

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Please enter your Billing and Payment Information

* - Fields marked with an asterisk are required for receipt purposes

*First Name: _____

*Last Name: _____

*Address: _____

*City, Province / State _____

*Postal Code / ZIP _____

Email Address: _____

Phone Number: _____

☐ Visa ☐ Mastercard ☐ American Express ☐ Enclosed Cheque

Card# |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_| Exp. Date |_|_|_|_|

Signature _____ Date _____

Gifts $20 and over will be acknowledged, and an official receipt will be mailed to you.

☐ I would prefer to receive an annual receipt.

THE MUSTARD SEED STREET CHURCH

Please make cheques payable to The Mustard Seed Street Church

REGISTERED CHARITY # 11924 6213 RR0001

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