



## I would like to support the Catholic School of Evangelization and its ministries in their efforts!

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov/State: \_\_\_\_\_

Postal/Zip Code: \_\_\_\_\_ Tel. no.: \_\_\_\_\_

Email: \_\_\_\_\_

One time donation of: \$ \_\_\_\_\_ *(please enclose a cheque or fill in the credit card info below)*

Monthly donation of: \$ \_\_\_\_\_ automatically deducted from:

My bank chequing account (please include a void cheque)

My credit card:  Visa  Mastercard

Card# - - \_\_\_\_\_ - \_\_\_\_\_ Exp. date: \_\_\_\_ \_\_\_\_ Sec. number: \_\_\_\_\_

*I hereby authorize the Catholic School of Evangelization to make a monthly deduction from my bank chequing account or credit card for the amount indicated above on the **15<sup>th</sup>** of \_\_\_\_\_ **mm** \_\_\_\_\_ **yyyy***

**Signature:** \_\_\_\_\_



Please make cheques payable to the Catholic School of Evangelization. Donations can be mailed to PO BOX 570 St.Malo, MB R0A 1T0 (Canada)

*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.*