

# York Memorial Presbyterian Church

## Donation Form

### ***DONOR INFORMATION***

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

Surname: \_\_\_\_\_

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

City: \_\_\_\_\_

Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

### ***YOUR MONITARY GIFT***

Amount: \_\_\_\_\_

Date: \_\_\_\_\_

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

Name for receipt: \_\_\_\_\_

*(Note only donations \$50 or more will receive a receipt)*

Enclose this form in your envelope along with your cheque and send to:

York Memorial Presbyterian Church, 1695 Keele Street, Toronto, Ont. M6M 3W7