

664 Red River Road, Thunder Bay, Ontario P7B 1H8 tel 807 345-6541 fax 807 345-0740 office@corpuschristi-tbay.ca

Tree of Life - Multiple Donors

Please print or type. Once complete, please attach this sheet to the Order Form. Contact us if you have questions or need assistance in completing this form.

2 nd Donor Information										
Name										
Address		City	Province	Postal Code						
Telephone (Home)	Telephone (Other)	Email								
Please accept this donation in the amount of \$										
Donation made by		Please charge my □ Visa □ MasterCard								
□ Cash (in-person visit to the Parish Office only) □ Cheque (payable to Corpus Christi Parish)		Name on Card		Expiry Date (mm/yyyy) /						
□ Credit Card (complete section to the right)		Card Number		CSC Number*						
		* 3 digit number on back of card								
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* 3 digit number on back of card

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□ Credit Card (complete section to the right)		Card Number		CSC Number*		
					* 3 (digit number on back of card
Tax Receipt Informati We issue tax receipts for all dona above.		ceive. The receipt will I	oe mailed when the dona	ation is received in	full t	o the donor(s) named
For Office Use						
Reference Number Date Received		Date Received	Received By			