



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.

# Tree of Life - Multiple Donors

## 2<sup>nd</sup> Donor Information

Name

Address		City	Province	Postal Code
Telephone (Home)	Telephone (Other)	Email		

Please accept this donation in the amount of \$

Donation made by <input type="checkbox"/> Cash (in-person visit to the Parish Office only) <input type="checkbox"/> Cheque (payable to Corpus Christi Parish) <input type="checkbox"/> Credit Card (complete section to the right)	Please charge my <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard	
	Name on Card	Expiry Date (mm/yyyy) /
	Card Number	CSC Number*

\* 3 digit number on back of card

## 3<sup>rd</sup> Donor Information

Name

Address		City	Province	Postal Code
Telephone (Home)	Telephone (Other)	Email		

Please accept this donation in the amount of \$

Donation made by <input type="checkbox"/> Cash (in-person visit to the Parish Office only) <input type="checkbox"/> Cheque (payable to Corpus Christi Parish) <input type="checkbox"/> Credit Card (complete section to the right)	Please charge my <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard	
	Name on Card	Expiry Date (mm/yyyy) /
	Card Number	CSC Number*

\* 3 digit number on back of card

please turn over for more space, if needed ➡

## 4<sup>th</sup> Donor Information

Name

Address		City	Province	Postal Code
Telephone (Home)	Telephone (Other)	Email		

Please accept this donation in the amount of  
\$

Donation made by <input type="checkbox"/> Cash (in-person visit to the Parish Office only) <input type="checkbox"/> Cheque (payable to Corpus Christi Parish) <input type="checkbox"/> Credit Card (complete section to the right)	Please charge my <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard	
	Name on Card	Expiry Date (mm/yyyy) /
	Card Number	CSC Number*

\* 3 digit number on back of card

## 5<sup>th</sup> Donor Information

Name

Address		City	Province	Postal Code
Telephone (Home)	Telephone (Other)	Email		

Please accept this donation in the amount of  
\$

Donation made by <input type="checkbox"/> Cash (in-person visit to the Parish Office only) <input type="checkbox"/> Cheque (payable to Corpus Christi Parish) <input type="checkbox"/> Credit Card (complete section to the right)	Please charge my <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard	
	Name on Card	Expiry Date (mm/yyyy) /
	Card Number	CSC Number*

\* 3 digit number on back of card

## Tax Receipt Information

We issue tax receipts for all donations we receive. The receipt will be mailed when the donation is received in full to the donor(s) named above.

## For Office Use

Reference Number	Date Received	Received By
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