

**Emmanuel Christian School**  
**Donation Form (Credit Card and Cheque)**

**Kindly fill and email to our accountant:**

Sabrina Vinciguerra  
Email : [svinciguerra@emmanuelcs.ca](mailto:svinciguerra@emmanuelcs.ca)  
T : 514-696-6430 Ext. 113

**Thank you!**

**Yes! You can count on my support!**  
I wish to make a:

- One time donation of: \$** \_\_\_\_\_
- Preauthorized monthly payment: \$** \_\_\_\_\_  
(Include a "Void" Cheque)  
 1<sup>st</sup> of the month     15<sup>th</sup> of the month

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

Address: #: \_\_\_\_\_ Street: \_\_\_\_\_ Apt: \_\_\_\_\_

City/Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_ Phone #: \_\_\_\_\_

An official tax receipt will be issued in February for contributions of \$25 or more. Charitable registration # 107302945RR0001  
Your personal information will always stay confidential and will never be shared with any other organizations or individuals.



Please check method of payment

- Cheque or money order** payable to:  
**Emmanuel Christian School**
- Credit Card**     Visa     MasterCard

\_\_\_\_\_  
Name on card

\_\_\_\_\_  
Card number

\_\_\_\_/\_\_\_\_ (\_\_\_\_)  
Expiry date      Telephone