

HOLY SOULS DONATION

LIST YOUR INTENTIONS:

Name: (please print) _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Tel: _____ Email: _____

Enclosed is my gift of \$ _____

Cheque

(please make payable to Jesuits and remit to 43 Queen's Park Cres. E. Toronto, ON M5S 2C3)

Visa

Card #: _____ CSV: _____

Mastercard

Amex

Expiry Date: ____/____ Signature: _____

Office of Advancement

43 Queen's Park Cres. E., Toronto, ON M5S 2C3

Email: supportus@jesuits.ca • Tel: (416) 481-9154

• Fax: (416) 962-4501 • www.jesuits.ca

Please enclose this form with your tax-creditable contribution
Reg. Charitable BN 130515109RR001