

**CURSILLO IN THE ARCHDIOCESE OF TORONTO
DONATION FORM**

NAME: _____
First Middle last

ADDRESS: _____

CITY: _____ **PROV:** _____ **POSTAL CODE:** _____

PHONE: (____) ____ - _____ *Cell* *Home*

BILLING ADDRESS: *Same as Above* **OR**

CITY: _____ **PROV:** _____ **POSTAL CODE:** _____

CREDIT CARD:

VISA **MASTER CARD** **AMERICAN Express** **CHEQUE**

NAME AS IT APPEARS ON CREDIT CARD:

CARD EXPIRY DATE: _____ **CVV:** _____
MM YY (Back of Card)

DONATION AMOUNTQ: \$_____.00

- **Donation Frequency;** **One Time** **Monthly** **Quarterly** **Yearly**

A Tax Receipt will be issued for all Donations. Tax **BN/Registration Number 88734059RR0001**

By signing below, you agree to the charge to your credit card for the amount entered above.

Signature as it appears on your Credit Card

¹ Make Cheque payable to Toronto Cursillo Movement

**Mail to: Treasurer
The Cursillo Movement
Archdiocese of Toronto
PO Box 14528**

Ajax, Ontario. L1S 7K7

Disclaimer:

All information provided on this form will be kept in the strictest confidence and will not be shared with or sold to with anyone or any entity outside of the Secretariat.

Credit card information will be deleted once the transaction is completed.