

# SOCIETY OF SAINT VINCENT DE PAUL **Contribution Form**

## CONTACT INFORMATION

Name (please print/type): _____		
Address: _____	Phone Number: _____	
City: _____	Province: _____	Postal Code: _____

## PAYMENT INFORMATION

My Donation is: \$ _____ <i>Donation receipts will be issued for all contributions over \$20.00</i>			
Payment Method:	<input type="checkbox"/> Cheque Enclosed	<input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard <input type="checkbox"/> AMEX
Cardholder Name (if applicable): _____			
Card Number:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Exp. Date: _____	<input type="checkbox"/> One-time Donation	<input type="checkbox"/> Monthly Donation	<i>(Deducted monthly from credit card)</i>
Signature (as it appears on card): _____			



### **Please print out and mail to:**

Society of Saint Vincent de Paul  
Hamilton Particular Council  
200 Parkdale Avenue North  
Hamilton, ON L8H 5X2