



Please mail or fax this completed form to:

Timothy Eaton Memorial Church  
230 St. Clair Ave. W.  
Toronto, Ont. M4V 1R5

Telephone: 416-925-5977  
Fax: 416-925-7481

Please PRINT all information clearly

Date: \_\_\_\_\_  
Name: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Address: \_\_\_\_\_ Home phone: \_\_\_\_\_  
City/Province/Postal Code \_\_\_\_\_

*(Your gift is tax-deductible. We will send a receipt to the address above at year-end.)*

**Donation Method (please choose one):**

- Enclosed is my cheque in the amount of \$ \_\_\_\_\_ payable to Timothy Eaton Memorial Church.
- Please charge my VISA card the amount of \$ \_\_\_\_\_  
Card number: \_\_\_\_\_ Expiry: \_\_\_\_\_ Signature: \_\_\_\_\_

**Type of Donation (please choose one):**

- GENERAL FUND     RADIO BROADCAST FUND     CONGREGATIONAL FUND     CAPITAL FUND
- UNITED CHURCH OF CANADA MISSION & SERVICE FUND
- GIFT IN MEMORY OF: \_\_\_\_\_

*(name of deceased)*

**Send acknowledgement card to:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/Province/Postal Code: \_\_\_\_\_  
How would you like the card to be signed?  
\_\_\_\_\_

*(name or names)*

**GIFT IN HONOUR OF:** \_\_\_\_\_

*(name of individual)*

**Send acknowledgement card to:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/Province/Postal Code: \_\_\_\_\_  
How would you like the card to be signed?  
\_\_\_\_\_

*(name or names)*

**Thank you for your generosity.  
Charitable Registration Number 108110180 RR001**