



Donation Form

Please fill out completely to ensure a tax receipt.

Name: _____ Tel: _____

Address: _____

City: _____ Prov: _____ Postal Code: _____

Email: _____

Donation Amount \$ _____

Cash Cheque Visa MasterCard AMEX

Credit Card No.: _____

Exp. Date: _____ (month/year) CSV: _____

Notes:

Administrative Office:
414 Barton Street East, Hamilton, ON L8L 2Y3
www.stmatthewshouse.ca
Tel: 905-523-5546 Fax 905-523-5553
Charitable Registration 13030 4538 RR0001