



Companions of the Cross

D O N O R R E S P O N S E F O R M

I would like to participate as a partner with the Companions of the Cross in the formation of candidates for the priesthood. I have indicated below the method of support that I prefer. To view our Privacy Policy please visit our web site.

Name: _____

Street Address/P.O. Box: _____

City: _____ Prov./State: _____ Postal/Zip: _____

Telephone: () _____ Email: _____

PLEASE COMPLETE THE SECTION(S) BELOW WHICH APPLY TO YOU:

Enclosed is my cheque payable to the Companions of the Cross in the amount of \$ _____

Enclosed are _____ post-dated cheques, payable to the *Companions of the Cross*.

I prefer to charge my donation to my credit card (*check one*): Mastercard VISA

Number: _____ Expiry: ____ / ____ Amount: \$ _____

Signature : _____ Date: _____

Make this a (*check one*):

one-time donation monthly donation (can be cancelled at any time with one month's advance notice)

Automatic Monthly Direct Payment:

I hereby authorize the Companions of the Cross to deduct (*check one*):

\$25 \$50 \$100 \$200 Other: \$ _____ on the ____ day of each month from my account indicated below. I understand that I may cancel this transfer at any time by notifying the Companions of the Cross at least one month in advance.

Name of Financial Institution: _____

Bank Number Transit Number Account Number

Signature: _____

I/we have enclosed the required personal cheque marked "void".

I would like a free subscription to the Companions' quarterly newsletter.

Please pray for the following special intention: _____



Please complete this form, place in postage-paid envelope provided and mail to: Companions of the Cross, 199 Bayswater Ave., Ottawa, Ontario, Canada K1Y 2G5. Your support of our community is very much appreciated!