

<b>Gift Date</b> <hr/> (mm/dd/yyyy)
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## Project Rachel

I would like to be a monthly donor

Monthly Gift \_\_\_\_\_

Fund: \_\_\_\_\_  
*(internal use only)*

### ***Personal Information***

Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Home No.: \_\_\_\_\_

Work No.: \_\_\_\_\_

Cellular No.: \_\_\_\_\_

E-mail: \_\_\_\_\_

Home       Work

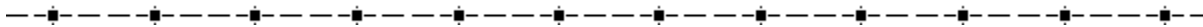
Privacy: The data we collect will only be used for the purpose of supplying you with the requested services or for other purposes for which you have given your consent, except where otherwise provided by law. We do not rent or sell our information

### ***Credit Card Information*** (Please note that a tax receipt may only be issued in the name of the credit card holder.)

Card Holder Name: \_\_\_\_\_

Signature of Cardholder: \_\_\_\_\_

Card Type:       Visa       Mastercard       Amex



Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Roman Catholic Bishop of the Diocese of Calgary  
 120 17 Ave SW, Calgary AB T2S 2T2  
 Tel: (403) 218-5500    Fax: (403) 232-6349  
 Charitable Registration No.: 107909939RR0076

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Completed By