✉ Donate by Mail

Please accept my gift of:

☐ $200 ☐ $100 ☐ $75 ☐ $100
☐ other amount: $_____

Thank you

so much for your support and generosity!

OR, make it a monthly donation of:

☐ $10/month ☐ $25/month ☐ $35/month ☐ $40/month ☐ $_____/month

Please direct my gift to:

☐ Area Of Greatest Need ☐ Hospitality Centre ☐ Food Security
☐ Hope Farm Healing Centre ☐ Family Centre

Please enter your Billing and Payment Information

* - Fields marked with an asterisk are required for receipt purposes

*First Name: _____

*Last Name: _____

*Address: _____

*City, Province / State _____

*Postal Code / ZIP _____

Email Address: _____

Phone Number: _____

☐ Visa ☐ Mastercard ☐ American Express ☐ Enclosed Cheque

Card# |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_| Exp. Date |_|_|_|_|

Signature _____ Date _____

Gifts $20 and over will be acknowledged, and an official receipt will be mailed to you.

☐ I would prefer to receive an annual receipt.

I would like to hear from you!

☐ Monthly E-Newsletter ☐ Bi-Annual Street Beat Newsletter

THE MUSTARD SEED STREET CHURCH

Please make cheques payable to The Mustard Seed Street Church
REGISTERED CHARITY # 11924 6213 RR0001
625 Queens Ave, Victoria BC V8T 1L9 | mustardseed.ca | 250-953-1575 | donors@mustardseed.ca