

GENERAL DONATIONS

Name: _____

Street Address: _____

City & Province: _____

Postal Code: _____

Phone #: _____

Email Address: _____

Date Received At TGCF: _____

Method Of Payment:

Cash

Cheque

*Direct Debit

Amount: _____

Payment Frequency:

Monthly

Annual

One Time Gift

Missionary Or Project Designation: _____

Signature: _____ Date: _____

*If paying by Direct Debit please also attach a VOID blank Cheque with this form, Thank You.