



Donor Response Form

I would like to 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 website.)

NAME _____		DATE _____
STREET ADDRESS _____		
CITY _____	PROV/STATE _____	POSTAL/ZIP _____
TELEPHONE _____	EMAIL _____	

Preferred Method of Support

1 One Time Donation(s)

Donation By Cheque(s)

Payable to the *Companions of the Cross*

- Cheque in the amount of \$ _____ is enclosed.
- Post dated cheque(s) in the amount(s) of \$ _____ is/are enclosed.

Donation By Credit Card

VISA MC Amount \$ _____

CARD# _____

EXPIRY DATE _____

NAME _____

SIGNATURE _____

2 Automatic Monthly Donation

Monthly Donation Through Bank

- \$10 \$25 \$50 Other \$ _____
- I have attached a VOID cheque.

Monthly donation By Credit Card

- \$10 \$25 \$50 Other \$ _____
- VISA MC

CARD# _____

EXPIRY DATE _____

* Please complete for Monthly Donations

I hereby authorize the Companions of the Cross to arrange automatic withdrawals from my chequing account or credit card, on the _____ (1st or 15th) day of each month for payment of my pledge. I understand that I may cancel this authorization at any time with written notice.

NAME _____ DATE _____

SIGNATURE _____

Thank you for your generous gift!
It will go directly to support seminarian formation, evangelization, and renewal.

- 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, ON K1Y 2G5 (Registered Charity Number: 118871441RR0001). In the U.S., please mail to: Companions of the Cross, 1949 Cullen Blvd. Houston, TX 77023-3553 (All donations are tax-deductible under section 501 (C)(3) of the Internal Revenue Code). **Your support of our community is very much appreciated!**