

**In Memory of:** \_\_\_\_\_ I would like to

donate \$\_\_\_\_\_ Please send an sympathy card to (name) \_\_\_\_\_

(address) \_\_\_\_\_



I would like to make my donation by  Visa  Master Card  American Express or  Cheque\*

Card No: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Donor's Name: \_\_\_\_\_ (\*make all cheque's payable to the Toronto City Mission)

Donor's Address: \_\_\_\_\_ Phone #: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_

Donor's Email: \_\_\_\_\_  please send me a receipt for income tax purposes



### Toronto City Mission

2610 Birchmount Rd, Toronto, ON, M1W 2P5

416-922-6223

Reg. No.108114158 RR0001



Each restricted contribution designated towards an approved program will be used as designated with the understanding that when the need for such a program has been met, or cannot be completed for any reason determined by the board, the remaining contributions for such a program will be used where needed.

CANADIAN COUNCIL OF CHRISTIAN CHARITIES



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*Giving so others can give*



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