GOSPEL TRUST CANADA

Serving the Lord's People Since 1948

Donor Form

DONOR INFO

Last Name: _____ **First Name:** _____

ADDRESS

Street: _____

City/Town: _____ **Province:** _____ **Postal Code:** _____

Telephone Number: ( ) _____ **E-mail Address** _____

Please consider the following distribution of Funds for the Work of the Lord through Gospel Trust Canada:

_____ $ _____

_____ $ _____

_____ $ _____

_____ $ _____

_____ $ _____

_____ $ _____

_____ $ _____

_____ $ _____

_____ $ _____

_____ $ _____

For Administration Expenses _____ $ _____

TOTAL $ _____

Please make cheques payable to: Gospel Trust Canada, 3 Hill Top Trail, Stouffville, ON L4A 3G7

Please DO NOT mail cash.