



## Donor Form

### DONOR INFO

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

### ADDRESS

Street: \_\_\_\_\_

City/Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

Worker / Assembly / Organization	Amount	Anonymous
1.	\$	<input type="checkbox"/>
2.	\$	<input type="checkbox"/>
3.	\$	<input type="checkbox"/>
4.	\$	<input type="checkbox"/>
5.	\$	<input type="checkbox"/>
6.	\$	<input type="checkbox"/>
7.	\$	<input type="checkbox"/>
8.	\$	<input type="checkbox"/>
9.	\$	<input type="checkbox"/>
10.	\$	<input type="checkbox"/>
For GTC Administration or Special Needs Expenses	\$	
<b>TOTAL</b>	\$	

Please make cheques payable to: Gospel Trust Canada, 3 Hill Top Trail, Stouffville, ON L4A 3G7  
Please **DO NOT** mail cash.