

**I would like to make a Gift to Bethlehem Housing and Support Services**

Here is my donation of \$35 \_\_\_\_\_ \$50 \_\_\_\_\_ \$75 \_\_\_\_\_ \$100 \_\_\_\_\_ Other \$ \_\_\_\_\_

I have enclosed my cheque.  
Payable to Bethlehem Housing and Support Services

I prefer to use my Visa Card  MasterCard  
Please complete information below.

*Please print clearly*

Name \_\_\_\_\_ Signature \_\_\_\_\_

Card Number \_\_\_\_\_ Expiry Date \_\_\_\_\_ / \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Gift in memory of: \_\_\_\_\_  Gift in honor of: \_\_\_\_\_

I would like to make a monthly pledge to Bethlehem Housing and Support Services using my Credit Card.

I would like to make a pledge of \$ \_\_\_\_\_ per month.

I hereby authorize Bethlehem Housing and Support Services to arrange monthly withdrawals from my

Visa  MasterCard

*Please print clearly*

Name \_\_\_\_\_ Signature \_\_\_\_\_

Card Number \_\_\_\_\_ Expiry Date \_\_\_\_\_ / \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_



**Bethlehem Housing and Support Services**  
166 James Street, St. Catharines, ON L2R 5C5  
905.684.1660 Fax: 905.684.1666

Tax receipts will be issued for donations \$10 and over. Charitable Registration No: 12192 6547 RR 0001