



I SUPPORT NOTRE-DAME-DE-FATIMA CENTRE

\$500 \$250 \$100 \$50 \$25 \$_____

Name			
Address:			
City:	Province:	Postal code:	
Phone:	E-mail:		
Payment method:	<input type="checkbox"/> Credit Card <input type="checkbox"/> Cash <input type="checkbox"/> Check made out to: C. N. D. F.		
	Card Number:		
	Expiry Date:		
Signature:			
Tax receipt:	<input type="checkbox"/> Yes (minimum amount \$10) <input type="checkbox"/> No		

#enregistrement 1 900 9876 81001



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