

ASCENSION CATHOLIC PARISH

Donor Wall Contribution

Donations will be applied to the Building Fund

Tax receipt	NAL DE I will be issued in	AILS (PIn this name.	ease Prin	t)				
Name				Phone #				
	I				Address			
Text Requested On Donor Block (Print Clearly) Maximum 23 characters including spaces. 'In Memory of' Check ($$) if applicable						Donor Block Selection per amount (Turn page over) 1st choice # 2nd choice #		
I/We Parisl	efer to remain agree to be p n Donor Wal prefer <u>not</u> to n Donor Wal	ublicly ack l. be publicly	nowledged	by Ascensio	n Catholic P			
Type of d		(5)	~ .					
One Lum \$2,500	p Sum Don \$5,000	ation (Pl \$7,500	ease Circle \$10,000	<u> </u>	\$20,000	\$25,000	\$50,000	\$100,000
\$2,300 OR	\$3,000	\$7,300	\$10,000	\$15,000	\$20,000	\$23,000	\$50,000	\$100,000
Installment Payments over a 10-month period* \$5,000 \$7,500 \$10,000 \$15,000 Plaque Payment Plan Agreement								
Credit C	method (sel	Direct Debi	t Cheq	ue Cash	Bank	Transfer	Diocese of C	
OR	urity # of Card			Expiry Date _ k VOID ch			following.	
	2						-	
Signature					Date			
Please prin	t and sign the	completed	form. Place	in a sealed e	nvelope, ma	rked "Donor	Wall Contril	oution".