



STMARK

SAINT MARK'S COPTIC ORTHODOX CHURCH
7395 GARNIER STREET, MONTREAL, QC H2E 2A1, CAN
WWW.STMARKMONTREAL.CA

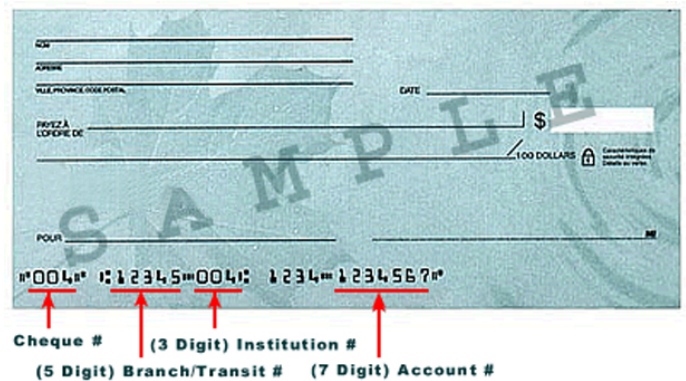
MONTHLY CONTRIBUTION FORM

Date:	Service Name:
First Name:	Last Name:
Address:	
City:	Province:
Postal Code:	Country:
Home Phone:	Other Phone:

I hereby authorize Saint Mark Coptic Orthodox Church – Montreal, Canada to debit my bank account listed below the amount of \$ _____ on the 1st (First) of each month, starting on _____.

***** Please provide a VOID cheque and complete the following form *****

Bank Name:
Institution #:
Branch/Transit #:
Account #:



Signature	Please issue my tax receipt in the name of:
FOR CHURCH USE ONLY	
Envelope #:	