



Giving Slip



Title: Name:

Address:

City: State:

Contact Number: Corps / Group:

Payment Method (Cheques made payable to THE SALVATION ARMY)

☐ Mastercard ☐ Visa ☐ Cheque ☐ Cash

Amount \$

Do you require a Tax Deductable Receipt? ☐ Yes ☐ No

Credit Cards Details:

Card Number:

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Expiry Date (Month/Year):

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CCV No (last 3 digits on back)

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Name on Card:

Signature:



Giving Slip



Title: Name:

Address:

City: State:

Contact Number: Corps / Group:

Payment Method (Cheques made payable to THE SALVATION ARMY)

☐ Mastercard ☐ Visa ☐ Cheque ☐ Cash

Amount \$

Do you require a Tax Deductable Receipt? ☐ Yes ☐ No

Credit Cards Details:

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