Name:		Address:			
City:	Postal Code:	Email:			
Phone:	One-Time Amount:	Cheque	e#	Cash/Coin	
Church/Parish/Organization: _					
I'd like to make a monthly gift o	of: \$100	\$10 or		per month	
I have enclosed a cheque made	payable to Marillac Place.				
Please charge my credit card. [You will be contacted fo	r the three-digit	code on t	he back of your card.	
Card no:	Expiry	Date (MM/YY):			
Signature:	Subscribe me to your	newsletter.	Please s	ave the postage and email my receipt	