



<b>Office Use Only (201107-WDF)</b>
Receipt Number _____
Date Payment Received _____
Date Completed _____

## Beth Shechinah Donation Form

If you wish to make a donation in support of Beth Shechinah or to support one of the Beth Shechinah Ministries please complete and mail this form and a cheque or money order to:

**Beth Shechinah**  
**2635-32 St. SW**  
**Calgary, Alberta, Canada T3E 2R8**

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**A Charitable Donations Receipt will be sent to the name and address listed on this form. Please PRINT legibly. (Fill in address section COMPLETELY)**

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Postal Code/Zip Code \_\_\_\_\_ Phone Number \_\_\_\_\_

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**Please disperse my donation according to my following selections.**

Tithe \$ \_\_\_\_\_

Benevolent Fund \$ \_\_\_\_\_

Ministries \$ \_\_\_\_\_

**(please indicate)** \_\_\_\_\_

Building Fund \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

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**Total Amount of Donation \$ \_\_\_\_\_**