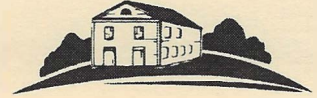


FRIENDS OF BEAVERDAMS CHURCH



Member / Donor Information Form



Date: _____

Name: _____

Address: _____

Phone: _____ Postal Code: _____

Email: _____

I/We wish to be included in regular Friends communications. (By email, if address is provided)

Total Payment: _____

Cash

Cheque

Payable to: Friends of Beaverdams Church

PLEASE SELECT BELOW:

Membership

Single (\$20) Family (\$25) Corporate (\$50)

I/We are renewing New member

Donation

(Unless requested, receipts will only be issued for amounts \$20.00 and over)

IF NO MEMBERSHIP OPTIONS ARE SELECTED, YOUR CONTRIBUTION WILL BE GRACIOUSLY ACCEPTED AS A DONATION

Mailing address: P.O. Box 70, 8 Clairmont St., Thorold ON L2V 3Y7 www.friendsofbeaverdamschurch.com