st. matt's

where hope thrives

Name:_____ Tel:_____

Address:_____

City: _____ Prov: _____ Postal Code:_____

Email: _____

Donation Amount: $_____

☐ Cash ☐ Cheque ☐ Visa ☐ MasterCard ☐ AMEX

Credit Card No.:_____

Exp. Date:_____ (month/year) CSV:_____

Notes:

_____

_____

_____

_____

Administrative Office
414 Barton Street East, Hamilton, ON L8L 2Y3
www.stmatthewshouse.ca
Tel: 905-523-5546 **Fax:** 905-523-5533
Charitable Registration: 13030 4538 RR0001