

TIMOTHY DEFICIT REDUCTION DRIVE PLEDGE FORM



Name: _____
Address: _____
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Please make cheques payable to: Timothy Christian School. Please write on the memo line Deficit Reduction

MY DONATION

- A lump sum donation of \$ _____ expected date: _____
- Monthly donation of \$ _____ per month for a total donation of \$ _____
- Please contact me to become a regular member.

For monthly donations please enclose postdated cheques with your pledge.
To set up for a monthly pre authorized payment please e-mail: treasurer@timothyschool.org
All donations will receive a tax receipt.

THANK-YOU FOR SHARING YOUR GIFTS TO SUPPORT AFFORDABLE TUITION AT TIMOTHY CHRISTIAN SCHOOL.

Timothy Christian School: 430 E 25th St, Hamilton, ON L8V 3B4 | Abraham Roza 905.902.7692