



# REMITTANCE FORM

Name of Church/Individual \_\_\_\_\_

**Donation specification:**

Budget (MC Sask & MC Canada) \$ \_\_\_\_\_

Camps  Elim  Shekinah  YFBC \$ \_\_\_\_\_

Schools  RJC  CMU  AMBS \$ \_\_\_\_\_

**Nationwide priorities:**

Witness specified \_\_\_\_\_ \$ \_\_\_\_\_

Indigenous-Settler Relations \$ \_\_\_\_\_

CommonWord \$ \_\_\_\_\_

Canadian Mennonite \$ \_\_\_\_\_

Registration \_\_\_\_\_ \$ \_\_\_\_\_

Coffee \$ \_\_\_\_\_

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

Credit Card fee \$ - \_\_\_\_\_

**Total** \$ \_\_\_\_\_

**\*\*Please make all cheques payable to MC Sask\*\***

**For Office use only:**

Date \_\_\_\_\_  Direct Debit  Cheque # \_\_\_\_\_

Square  PayPal  E-Transfer  Stripe  Cash

Signature \_\_\_\_\_ Receipt # \_\_\_\_\_



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