

Your In Memoriam Donation



St James Anglican Church

In Memory of

Please Print

May the knowledge that your thoughtful gift will help our parish serve the spiritual and temporal needs of others comfort you in this time of sorrow.

Amount of gift: \$ _____

Donor _____

Address _____

City _____

Prov. _____ Postal Code _____

I wish to make my gift by cheque, payable to St. James Anglican Church

I wish to make my gift by credit card

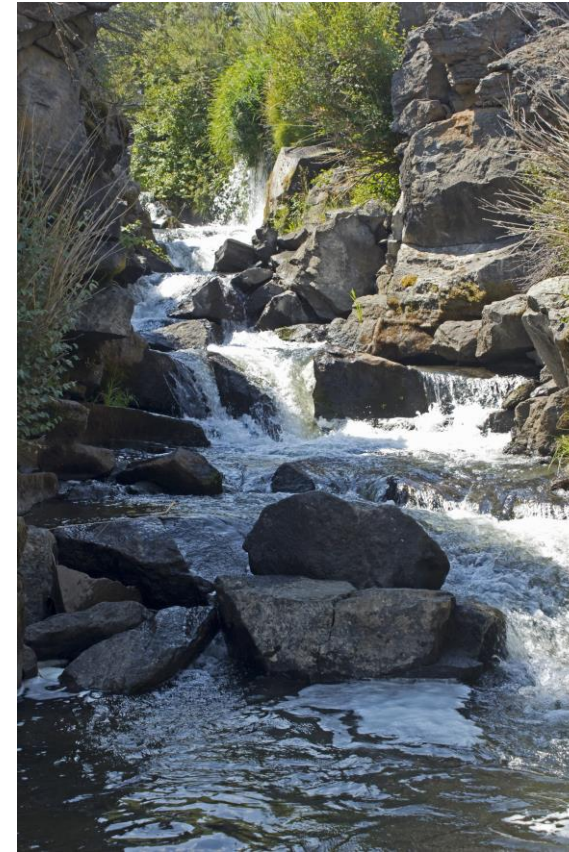
Visa # _____

MasterCard # _____

Name on card _____

Expiry date _____

3 digit security code _____



If you wish the bereaved family to be informed of your expression of sympathy, please complete the following.

Family member to notify:

Name _____

Address _____

City _____

Prov. _____ Postal Code _____



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Charitable Registration
#108099771 RR0045