Snewflake Campaign 2024

mation Form.	
Name on Snowflake:	THE TOP OF THE PROPERTY OF THE
or	
In Loving Memory of:	
or	
In Appreciation of:	3/-
Donor Name:	(for charitable tax receipt)
E-mail Address:	Phone:
Mailing Address:	City/Town:
Postal Code:	
<u>I consent</u> to receiving e-mails from Catholic Family Services (Please know that we send very few)	Do Not acknowledge on Website
	e a charitable tax receipt
	100
My donation is for the amount of:	\$250
Submission Options:	
CALL: (306) 445-6960 Fax: (306) 445-0434 Please email completed donation form (finance)	e.cfs@sasktel.net) after donating by phone
<u>E-Transfer:</u> No security question required finance.cfs@sasktel.net with Comment : Please email completed donation form after e-	Snowflake transfer is sent
WEBSITE: www.battlefordscfs.ca	
MAIL: Please include this completed donation form	
<u>Cheque:</u> payable to Catholic Family Servi	ces of the Battlefords
Credit Card:	
Visa #:	Mastercard #:
Expiry Date: 3 digit	code:Signature:

Catholic Family Services of the Battlefords respects your privacy. We protect your personal information and adhere to all privacy regulations. We do not rent, sell or trade our mailing lists. If at any time you wish to be removed from our database, contact us by phone at (306) 445-6960, via E-mail at cfs@battlefordscfs.ca or in writing at #101 1272 – 101st Street, North Battleford, SK S9A OZ8 and we will gladly accommodate your request.