



SASKATOON
CHRISTIAN SCHOOL

FAITH SUPPORT RESPONSE FORM

To be completed in ink

Please print clearly and complete ALL information.

STUDENT AND SUPPORT INFORMATION

Student's First and Last Name:

Through the fundraising efforts of the above-named student, please accept the following for the Student Discipleship Program:

Prayer Support

Financial Support in the amount of: \$ _____

DONOR INFORMATION

Surname:

Given Name:

Middle Initial:
(required by CRA)

Mailing Address:

City:

Province:

Postal Code:

Phone:

Email (charitable receipts will be sent by email):

DONOR SIGNATURE

SIGN
HERE 

PLEASE MAIL RESPONSE OR PAYMENT TO:

Saskatoon Christian School

Site 510 Comp 8 RR5

Saskatoon SK S7K 3J8

ATTENTION: Business Office

NOTE: Cheques are payable to "Saskatoon Christian School". Do NOT note the student's name on your cheque.

Thank you for your support!