



I want to be a monthly supporter of Mother Teresa Middle School!

Monthly Support Information

Amount:				
\$ m	onth to help support M	TMS students		
Note: to utilize your	support in the most cos	st-effective manner, we	recommend a minir	num of \$25/month
Title: Fi	First Name:Last Name:			
Company:				
_	I would like my to	ax receipt in my compa	ny's name	
Street Address:				
City:		Province	Postal Code	Country:
Email:				
Telephone:	Cell:			
Payment Options fo	or Monthly Giving:			
Please deduct my re	egular monthly donation	n on the 1 st	or the	15th
Please select your p Visa MasterCard Postdated				
Card Number:		E	xp:	Vcode:
Authorization:				
(S	ignature)	Thank you for your su		

Mother Teresa Middle School 1975 N 2nd Avenue - Regina, SK S4V 0Y1

If you have any questions, please email ticia@olmd.ca