



Donation Form

Cathedral of Thorns

Donor information

Name

Billing address

Phone 1 | Phone 2

Email

Pledge Information

I (we) pledge to donate a total of Fl. to be paid:

Now Monthly Quarterly Yearly

I (we) plan to make this contribution by means of:

Cash Check Standing order To be discussed

Acknowledgment information

Please use the following name(s) in all acknowledgments:

I (we) wish to have our donation remain anonymous.

Signature(s):

Date: