

Cochrane Street United Church

**81 Cochrane Street
St. John's, NL
A1C 3L7**

Memorial Gift

Date: _____

In memory of: _____

From: _____

Address: _____

Acknowledgement to:

Amount: _____

Please apply my gift to: The Restoration Fund

Memorial Fund

Thank you for your donation. It is very much appreciated. An official receipt for Income Tax purposes will be issued in January or February of the following year.

Website: www.cochranestreetuc.com

Phone: 709-722-3023

Email: csuc@nf.aibn.com