Grace Christian Reformed Church Chatham, Ontario

2019 VOUCHER REQUEST FORM

For Receipt Purposes

(Please complete as applicable)			
Order Date:			
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Name:			
Address:			
	# of sheets		
$1.00 \times 10 = 10.00$		_ sheets	\$
\$2.00 x 10 = \$20.00		_ sheets	\$
\$5.00 x 10 = \$50.00		_ sheets	\$
\$10.00 x 10 = \$100.00		_ sheets	\$
TOTAL			¢

Please enclose payment for "TOTAL" and place Envelope in Sunday morning "Budget" plate or place in **Teresa Hoesktra's mail slot**. Thank You!