



Yes, I would like to support the ministry of Liberty Grace Church, Toronto.

Your name: _____

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Phone/Email: _____

Please add me to your email list for news and updates.

One-Time Donation

Amount: \$ _____ (payable to FEBCentral Church Planting)

Monthly Donation

I hereby authorize FEBCentral to debit my account on the 15th of each month for the amount of \$ _____ until further notice.

Signature: _____

Date: _____

Please include a voided check.

Mail/Fax

Please mail or fax to:

Liberty Grace Church
P.O. Box 12
Toronto Station C
1117 Queen Street West
Toronto ON M6J 3M7
Fax: 647-361-8180

Thank you!