



2008-09 CLS GUILD Membership for _____ Lutheran Church,

City: _____ Representative: _____

Member Name[s] (Mr., Mrs., Ms, or Mr. & Mrs.)	Address	City, Prov., Postal Code	Telephone No.	Member- ship Paid*	Donation Amount*	Total each member
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
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				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
Totals (or continued on next page):				\$	\$	\$

*Please note that income tax receipts are issued for gifts only. Membership dues cannot be used for tax purposes, following CRA guidelines.