

Donation Form

To make a donation to International Messengers by mail, please complete the appropriate areas in the form below. After completion, please mail to our accounting department: **International Messengers, PO Box 11022, 1945 McCallum Road, Abbotsford, BC V2S 0E4**

International Messengers is a registered charity funded entirely by gifts from individuals and local congregations. All gifts are tax deductible and gratefully acknowledged at the end of the year.



Contact Information

Name _____ Phone (day) _____ (evening) _____
 Address _____ E-mail _____
 City _____ Prov. _____ Postal Code _____

Donation Information

Please indicate the missionary, ministry or special project that you prefer your donation to support:

Missionary or Ministry

Amount

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total Amount of Gift (CDN)	\$ _____

Is this a one-time or a monthly donation?

- One-time → Please enclose a cheque(s) or fill out the credit card information below to fulfill the pledge made through this form.
 Monthly → Please fill out the Automatic Monthly Donation Terms of Agreement to fulfill the pledge made through this form.

Automatic Monthly Donation Terms of Agreement

Thank you for your interest in Automatic Monthly Donations. This is a convenient way to make monthly donations. Instead of sending a cheque by mail, your donation is automatically deducted from your bank account each month by Pre-Authorized Debit (PAD) or charged to your credit card. If later you want to make a change in the amount given or to stop this monthly deduction/charge, simply send us a written request of your desire. If you have any questions, please call 604-855-4433.

By Automatic Bank Account Withdrawal (Pre-Authorized Debit): To start your monthly automatic donation from your bank account, please fill out the contact and donation information above, sign the Pre-Authorized Debit (PAD) Authorization below, and mail this form with a voided check to: **International Messengers, PO Box 11022, 1945 McCallum Road, Abbotsford, BC V2S 0E4.**

Pre-Authorized Debit Authorization

I (We) authorize International Messengers (IM) to transfer from my (our) account each month the amount indicated above. This agreement will remain in effect until I (we) send a written request to IM asking them to change or end this agreement. IM will make the requested changes within 10 days of receiving a written request. NOTE: you may obtain a sample cancellation form and further information on your right to cancel a PAD Agreement at your financial institution or by visiting www.cdnpay.ca.

Please transfer my donation on the 10th of each month. (This request will be implemented at the earliest possible time).

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Signature (Primary Owner) _____ Date _____ Signature (Joint Owner, if any) _____ Date _____

NOTE: You have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on your recourse rights, contact your financial institution or visit www.cdnpay.ca.

By Credit Card Charge: To donate by credit card (one time or monthly), please fill out the contact and donation information above, provide your credit card information and sign the *Credit Card Information and Authorization* below, and mail this form to: **International Messengers, PO Box 11022, 1945 McCallum Road, Abbotsford, BC V2S 0E4.**

I authorize International Messengers (IM) to charge my credit card the amount indicated above.

If this is a monthly donation, this agreement will remain in effect until I send a written request to IM asking them to change or end this agreement, and they have had a reasonable time to act upon it. Please transfer my donation on or after the 22nd of each month.

Credit Card Information and Authorization

Type of card: <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard	Card Number: _____
Name on Card: _____	Expiry Date: ____/____
Signature: _____ Date: _____	