

DONATION CARD

Please complete both sides of this card and mail back to: 333 King Street, Winnipeg, MB R3B ON1

NAME:					
ADDRESS:					
CITY: PROV.:		POSTAL CODE:			
PHONE:	EMAIL:				
As God enables, I will contribute:		Please allocate my gift to:			
O \$50.00 O \$75.00 O \$100.00 O Other: \$	Monthly A Special Gift	O General Ministry O Staff Support for (name): O Other:			
*Your gift will be receipted for i					



PAYMENT OPTIONS

To make your gift, please complete one of the following:

1.	. Cheque(s) Enclosed: (Please make cheques payable					outh for Christ Winni	peg)		
2.	Credit Card*:	O Visa	O Ma	stercard	O Ame	erican Express			
Card #:///Exp:/ *monthly credit card gifts are processed on the 25th of each month.									
Authorized Signature:					Da	Date:			
3. Automatic Bank Withdrawal: (Must include a cheque with banking information)									
I would like my monthly gift processed on the O 1st or O 16th of each month									
Cheque for first month enclosed. (All future monthly gifts will be processed automatically)									
Au	thorized Signatu	ıre:			Da	ate:			
_	ase contact me t A "Gift in Kind" (v		rty, etc.)	O Legacy	Gift O	Tour of YFC Build	ling		