

DONOR REGISTRATION

Thank you for your commitment to becoming an ETeam partner with Precept Ministries Inc. Please complete this form and return it by fax or post to the address below.



Please Print

Given Name: _____ Surname _____

Address: _____

City: _____ Prov: _____ Postal Code _____

E-mail: _____ Telephone (Home) (_____) _____ - _____

I would like to make a regular monthly donation in the amount of \$ _____
beginning on the [] 15th or [] 28th of _____
(month/year)

- [] Type 1: Please debit my chequing account. (Attach a blank cheque marked VOID.)
- [] Type 2: Please charge my credit card. (Complete the credit card information below.)

I understand that the amount stated above will continue to be debited or charged until Precept Ministries receives written notice from me instructing otherwise.

Credit Card Information

- [] Please check this box if you do not wish to send your credit card number in the mail or by fax and you may call us with your card number at 877-234-2030. **However, please sign the signature line in either case and mail or fax this form to the address below.**

- [] Visa
- [] MasterCard Card No. _____ Expiry _____

Signature: _____

Please designate my giving towards:

- [] Canada Wide Development
- [] Western Canada Development
- [] Transform Canada Student Ministry

All funds designated included are spent on Board approved projects. It is understood that a designated gift will be used as designated until the need is met and then may be used where most needed. All gifts are received officially for income tax.