Make An Impact





GIVING OPPORTUNITIES

| Support a Class (\$50/month) Sponsor a Child (\$49/month) | |
|---|-------------------|
| Education | |
| Health | |
| Orphan Care | |
| Support the Ministry of: | (Missionary Name) |
| Other: | |
| | |
| day's gift: \$ | |
| onthly recurring gift: \$ | /month |

| First Name: | Middle Initial: | Last Name: | |
|-------------------------------|-----------------|--------------|--|
| Organization (if applicable): | | | |
| Address: | | | |
| City: | Province: | Postal Code: | |
| Phone: | Email: | | |

Spending of funds is confined to programs and projects approved by Impact Ministries. Should a donor designate a contribution, we will honour that designation, with the understanding that when the need for such a program or project has been met or cannot be completed for any reason as determined by Impact Ministries, the remaining designated gifts will be used where most needed. All gifts are tax deductible. Impact Ministries is committed to protecting your private information. The information you provide will be used to manage your sponsorship and communicate with you about our work. Thank you for your generosity.

HOW TO DONATE?



Cheque: payable to Impact Ministries Canada and mailed to PO Box 975 Stn Main Kamloops BC V2C 6H1



Credit/Debit: call in your donation to (250) 434-4350 or donate online at www.impactministries.ca/donate



Bank: set up your pre-authorized debit online or fill in the PAD agreement and mail, fax or email along with a cancelled cheque

Pre-Authorized Debit (PAD) Agreement

Date: M M D D Y Y Donation made on behalf of:

An Individual A Business

I hereby authorize Impact Ministries to withdraw monthly donations from my bank account in the amount of:

beginning the 15th day of:

Donation made on behalf of:

A Business

M M M 20 Y Y

Signature:

NOTE: Please attach a blank cheque marked 'VOID'

I may revoke my authorization at any time, subject to providing notice of 30 days. To obtain a sample cancellation form, or for more information on my right to cancel a PAD Agreement, I may contact my financial institution or visit www.payments.ca. I have certain recourse rights if any debit does not comply with this agreement. For example, I 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 my recourse rights, I may contact my financial institution or visit www.payments.ca