## **Donation Form**

Thank you for joining us as we seek to train men, women & children to be equipped for full time Christian service... regardless of occupation. Lives continue to be transformed by the Indwelling and Risen Lord Jesus Christ!

First Name: Middle Initial:	
Last Name:	
Address:	
City:	
Province: Postal Code:	
Email:	
Phone:	
I would like to give a <b>one-time gift</b> of:	
☐ One-time Gift Amount: \$	_
or I would like to give a <b>monthly gift</b> on the <b>1st</b> o month:	f each
☐ Monthly Gift Amount: \$	_
Starting month/year://	
Ending month/year://	
☐ Continue your monthly giving until further no	otice
Designation of gift:	
☐ General Fund	
☐ Student Fund	
☐ India Kerala Project	
□ Other:	
Donor Restricted Gift Policy Spending of funds is confined to charity approved p and projects. Each contribution directed toward an program or project will be used as restricted wit understanding that when the need for such a prog project has been met, or cannot be completed for ar as determined by the charity, the remaining restr contributions will be used where most neede	orograms approved h the ram or ny reason ricted
Cheque or Postdated Cheques 🚨 (included)	
Pre-authorized Debit ☐ (attach void cheque)	
Credit Card: Visa 🗖 MasterCard 🗖 Amex 🗖	
Card #:	
Expiry Date: CVV:	
Name on Card:	
Authorization:	

Charitable receipts will be mailed February to the address above
Charity #: 119265726RR0001