

Yes...

***It would give me joy to support
IMPACT MINISTRIES***

Name _____
(please print clearly)

Address _____

City _____ Prov./State _____

Postal Code _____ Phone (____) _____ - _____

Email _____

Monthly Donation OR One time gift

\$20 \$30 \$50 \$100 \$200

Other \$ _____

If you would like automatic monthly withdrawals from a Canadian Chequing account please fill out the reverse side.

Please make cheques payable to Impact Ministries Canada. Canadian tax receipts are issued for all gifts and sponsorships.

Charitable Registration 8910 70625 RR0002

Categories & Projects

- General**
- Child Sponsorship**
- School Construction**
- Medical/Dental Clinic**
- Support a Missionary** _____
- Where Most Needed**
- Other** _____



Donations can also be made online with any major credit card. Visit www.impactministries.ca and click on "DONATE NOW" for details.

Contributions designated towards a board approved program or project will be used as designated with the understanding that if more funds are received for a particular program or project than are required, Impact Ministries reserves the option of transferring the excess funds to wherever they are most needed. Thank-you for your generosity.

Pre-Authorized Payment

(Canadian Bank Accounts Only)

IMPORTANT: Please attach a blank cheque marked 'VOID'

This authorization may be cancelled at any time.

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

\$ _____ beginning the 15th day
of _____ 20____

Type of account: Chequing Savings

Bank account # : _____

Bank Name: _____

Bank Address: _____

City: _____

Province: _____ Postal Code: _____

Signature: _____



Box 975 Stn Main

Kamloops, BC

Canada

V2C 6H1

(250) 434-4350

www.impactministries.ca

canada@impactministries.ca



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