



Yes...

***I want to make a difference
in the life of a child.***

I would like to be a child sponsor!

I would prefer a

Boy

Girl

Either

Name _____

Address _____

City/Prov. _____

Postal Code _____

Phone _____

Email _____

Included is my first monthly contribution of \$34.00. If you would like to donate via automatic monthly withdrawals, please see reverse.

I am not able to sponsor a child, but am enclosing a donation of _____.

Please place me on your mailing/email list.

Please make cheques payable to Impact Ministries Canada.

Tax receipts are issued for all gifts and sponsorships.

Charitable Registration 8910 70625 RR0002



**Box 975 Stn Main
Kamloops, BC
Canada
V2C 6H1
(250) 434-4350**

**www.impactministries.ca
child@impactministries.ca**

Pre-Authorized Payment

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/Prov: _____

Postal Code: _____

Signature: _____

IMPORTANT: Please attach a blank cheque marked 'VOID'

This authorization may be cancelled at any time.



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