



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

Name _____
(please print clearly)

Address _____

City _____ Province _____

Postal Code _____ Phone (____) _____ - _____

Email _____

Giving Opportunities

- Where Needed Most
- Support a Class
- School Construction
- Orphan Care
- Support a Missionary _____
- Other _____

Payment Method:

- One time gift of \$ _____
- Recurring gift of \$ _____ /monthly*

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

**if you would like automatic monthly withdrawals from a
Canadian chequing account, please fill out the reverse side.*

Donate Online

Donations can also be made online:
www.impactministries.ca/donate



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.



Pre-Authorized Debit (PAD) Agreement

Date: M M D Y Y
This donation is made on behalf of:
 An Individual A Business

I hereby authorize Impact Ministries to withdraw regular monthly donations from my bank account in the amount of:
\$. beginning the 15th day of:
 20

Signature: _____

NOTE: Please attach a blank cheque marked 'VOID'

Company _____
(if applicable)

Name _____

Address _____

City _____ Province _____

Postal Code _____ Phone (____) _____ - _____

Email _____

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.



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