



I would like to support: _____

Yes!

- You can count on my prayer support.
- I will support this ministry financially with a one-time gift of \$ _____
- I would like to make a monthly commitment of \$ _____/month (see back of form)

Please see reverse side for credit card or cheque donation.

Due to new regulations governing Pre-Authorized Debit (PAD) there is a new form on-line at www.outreach.ca/Donate or call 604-952-0050 ext 313 for a copy of the new form.

Donor Name _____

Address _____

City _____ Prov _____ PC _____

Phone _____

E-Mail _____

Please mail to:

Outreach Canada
 Atten: Donor Receipting
 7201 72nd St Unit 2
 Delta, BC V4G 1M5
www.outreach.ca/donate



I would like to support: _____

Yes!

- You can count on my prayer support.
- I will support this ministry financially with a one-time gift of \$ _____
- I would like to make a monthly commitment of \$ _____/month (see back of form)

Please see reverse side for credit card or cheque donation.

Due to new regulations governing Pre-Authorized Debit (PAD) there is a new form on-line at www.outreach.ca/Donate or call 604-952-0050 ext 313 for a copy of the new form.

Donor Name _____

Address _____

City _____ Prov _____ PC _____

Phone _____

E-Mail _____

Please mail to:

Outreach Canada
 Atten: Donor Receipting
 7201 72nd St Unit 2
 Delta, BC V4G 1M5
www.outreach.ca/donate



I would like to support: _____

Yes!

- You can count on my prayer support.
- I will support this ministry financially with a one-time gift of \$ _____
- I would like to make a monthly commitment of \$ _____/month (see back of form)

Please see reverse side for credit card or cheque donation.

Due to new regulations governing Pre-Authorized Debit (PAD) there is a new form on-line at www.outreach.ca/Donate or call 604-952-0050 ext 313 for a copy of the new form.

Donor Name _____

Address _____

City _____ Prov _____ PC _____

Phone _____

E-Mail _____

Please mail to:

Outreach Canada
 Atten: Donor Receipting
 7201 72nd St Unit 2
 Delta, BC V4G 1M5
www.outreach.ca/donate



Outreach Canada Ministries Inc.

Date: _____

I will support _____ through
a credit card donation of \$_____.
Please return this form to Outreach Canada.

Credit Card Payment

I would like to charge my:
VISA MasterCard AMEX (circle one)

Monthly donation beginning month _____
choose: 1st or 15th of each month (circle one)

OR one-time gift of \$_____

Name on Card _____

Card # _____

Expiration Date _____

Signature _____

TERMS OF CREDIT CARD AGREEMENT

I understand this agreement shall be in effect until I notify Outreach Canada by written notification, e-mail (contact@outreach.ca), or personal phone call to 604-952-0050 ext 313.

Signature: _____

To Donate one-time by Cheque

Please fill in the Donor info on reverse side, make cheque payable to Outreach Canada and mail to the Delta address with this form. Please do not write any information on the cheque about the recipient.

NOTE: All tax receipts will be mailed after December 31st.

Revised Jan 10

Outreach Canada Ministries Inc.

Date: _____

I will support _____ through
a credit card donation of \$_____.
Please return this form to Outreach Canada.

Credit Card Payment

I would like to charge my:
VISA MasterCard AMEX (circle one)

Monthly donation beginning month _____
choose: 1st or 15th of each month (circle one)

OR one-time gift of \$_____

Name on Card _____

Card # _____

Expiration Date _____

Signature _____

TERMS OF CREDIT CARD AGREEMENT

I understand this agreement shall be in effect until I notify Outreach Canada by written notification, e-mail (contact@outreach.ca), or personal phone call to 604-952-0050 ext 313.

Signature: _____

To Donate one-time by Cheque

Please fill in the Donor info on reverse side, make cheque payable to Outreach Canada and mail to the Delta address with this form. Please do not write any information on the cheque about the recipient.

NOTE: All tax receipts will be mailed after December 31st.

Revised Jan 10

Outreach Canada Ministries Inc.

Date: _____

I will support _____ through
a credit card donation of \$_____.
Please return this form to Outreach Canada.

Credit Card Payment

I would like to charge my:
VISA MasterCard AMEX (circle one)

Monthly donation beginning month _____
choose: 1st or 15th of each month (circle one)

OR one-time gift of \$_____

Name on Card _____

Card # _____

Expiration Date _____

Signature _____

TERMS OF CREDIT CARD AGREEMENT

I understand this agreement shall be in effect until I notify Outreach Canada by written notification, e-mail (contact@outreach.ca), or personal phone call to 604-952-0050 ext 313.

Signature: _____

To Donate one-time by Cheque

Please fill in the Donor info on reverse side, make cheque payable to Outreach Canada and mail to the Delta address with this form. Please do not write any information on the cheque about the recipient.

NOTE: All tax receipts will be mailed after December 31st.

Revised Jan 10