

Name _____ Date _____

Address _____ City _____ Province _____ Postal Code _____

Phone _____ Cell _____ Email _____

PLEASE CHOOSE ONE OF THESE FOUR OPTIONS BELOW FOR YOUR GIFT

THIS DONATION IS MADE BY:

___ an individual ___ a business

ONE-TIME GIFT

1 ☐ **Cheque enclosed \$** _____ (Payable to Empower Ministries)

2 ☐ **Credit Card \$** _____ ☐ Visa ☐ MasterCard ☐ American Express

_____ Signature _____ Exp. _____ CSC/CVV _____

MONTHLY GIFT

3 ☐ **Debit my bank account \$** _____ **each month.*** Signature _____

(Please enclose a void cheque.) The debit will be processed to your account on the 20th day of each month or the next business day. *(Automatic quarterly giving is possible. If you prefer that option, please call the office.)

4 ☐ **Charge my credit card \$** _____ **each month.** ☐ Visa ☐ MasterCard ☐ American Express

_____ Signature _____ Exp. _____ CSC/CVV _____

☐ **Yes, I want to receive Situation Reports** (Occasional emails with breaking news and updates. You can unsubscribe any time.)



Thank you for your investment in the global Church!

In regards to monthly or quarterly donations please note:

- You may revoke your authorization at any time, subject to providing notice of 30 days. To obtain a sample cancellation form, or for more information on your right to cancel a Pre-Authorized Debit Agreement, you may contact your financial institution or visit **www.payments.ca**.
- You have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with the Pre-Authorized Debit Agreement. To obtain more information on your recourse rights, you may contact your financial institution or visit **www.payments.ca**.