

As the Lord makes it possible, I prefer to invest
in the ministry of CRM Canada through:

(Name of staff member, project, or undesignated)

Please make cheques payable to CRM Canada
(Preferred staff names should not appear on cheque)

Date ____/____/____

Mr./Mrs./Ms./Dr: _____ (Spouse) _____

Address: _____ City: _____

Province: _____ Postal Code: _____ E-mail: _____

Phone: _____ Hm Wk Cell _____ Hm Wk Cell
Primary Secondary

New Donor

Previous CRM Canada Donor

New contact info since last gift

Please include me as a prayer partner

CRM CANADA • PO Box 21572 • 1424 Commercial Dr. • Vancouver, BC V5L 3X9

E-Mail: contact@crmcanada.org • Donor Helpline 778.300.4976 • www.crmcanada.org

Pledge

I plan to give \$ _____

Starting: ____/____/____
month day year

One time Monthly

Quarterly Annually

A cheque is enclosed \$ _____

Support Options

I have completed my PAD
information on the reverse
side of this card.

PAD Donations (electronic)

PRE-AUTHORIZED DEBIT (PAD) AGREEMENT

I wish to support Church Resource Ministries Canada through monthly donations

Please debit my bank account: (*Attach VOID cheque*)

\$10 \$25 \$50 \$100 Other amount \$_____ (specify)

Your donation debit will be processed through your account on the 15th day of each month.

Signature: _____

Date: _____

Donor Name: _____

This donation is made on behalf of: an Individual a Business

Please attach a VOID cheque.

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.cdnpay.ca.

I have certain 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.cdnpay.ca.