



# DONATION FORM

Name: \_\_\_\_\_

Designated to (indicate Zoe Projects): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: (    ) \_\_\_\_\_ Email: \_\_\_\_\_

**Option 1 – Automatic Deduction** – I would like my donation deducted automatically from my account.

Enclosed is a void cheque and I authorize the PAOC to debit my bank account for \$ \_\_\_\_\_ per month from the account specified on the attached void cheque.

Amount (per month): \$ \_\_\_\_\_ Starting (Month): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*This authorization may be canceled upon written notice*

## Option 2 – Cheque

Enclosed is a cheque for \$ \_\_\_\_\_ as a one-time donation

Enclosed are post-dated cheques in the amount of \$ \_\_\_\_\_ each

*Please make cheques payable to: Pentecostal Assemblies of Canada*

## Option 3 – Credit Card

I would like to make a one-time donation of \$ \_\_\_\_\_

I authorize PAOC to debit my credit card for \$ \_\_\_\_\_ per month starting \_\_\_\_\_

Visa

Mastercard

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Signature: \_\_\_\_\_

*This authorization may be canceled upon written notice*

**2450 Milltower Court, Mississauga, ON, L5N 5Z6, 905-542-7400**

