

## The Great Commission Foundation Donation Form

Bay 3, 1335 Trans Canada Way SE, Medicine Hat, AB T1B 1J1  
Phone: 403-488-7020 Fax: 855-829-5414

Name: \_\_\_\_\_  
*First Name Middle Initial (required for tax receipt) Last Name*

Street Address: \_\_\_\_\_

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

Home: \_\_\_\_\_ Mobile: \_\_\_\_\_ Work: \_\_\_\_\_

Email Address: \_\_\_\_\_

check box to opt out of receiving an e-Receipt for eligible donations

**By Credit Card**  Visa  MasterCard  American Express

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

Card Type:  Personal  Corporate

Name of Company if Corporate Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_/\_\_\_\_

**By Pre-Authorized Debit:**

For all pre-authorized debit contributions

**A VOID CHEQUE MUST BE ATTACHED.**

Donation Amount: \$ \_\_\_\_\_

Frequency:  Monthly  One-Time Gift

Donation Timing:  1<sup>st</sup> of Month  15<sup>th</sup> of Month Month to start: \_\_\_\_\_

Missionary or Project Designation: **Help-Project (Darryl & Jodi Bueckert) #510**

I authorize the above donation to The Great Commission Foundation as specified above. I understand that I may revoke this authorization at any time, subject to providing 30 days' notice in writing or by phone. 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 cdnpay.ca.

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

### FOR OFFICE USE ONLY

Date received at TGCF: \_\_\_\_\_ 1<sup>st</sup> month Processed: \_\_\_\_\_

Received via:  Email  Fax  CanadaPost  Interoffice mail