

Credit Card or Pre-Authorized Debit Donation Form

Name*: _____

*If this is a credit card donation please give your name *exactly* as it appears on your credit card.

MUST INDICATE IF THIS IS A PERSONAL OR A CORPORATE CREDIT CARD:

- Personal credit card Corporate credit card

Name of Company (if a corporate credit card): _____

Street Address as on file with the credit card company: _____

City, Province, and Postal Code: _____

Phone#: _____ Alternate #: _____

Email Address: _____

METHOD OF PAYMENT:

- Visa MasterCard American Express Pre-Authorized Debit*

*For all pre-authorized debit contributions a VOID CHEQUE MUST be attached

Credit Card #: _____

Expiry Date: _____ Amount of Donation: _____

DONATION FREQUENCY: Monthly (1st of Month or 15th) One-time Gift

MISSIONARY OR PROJECT DESIGNATION: _____

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: _____

1st MONTH PROCESSED: _____