

Pre-Authorized Debit (Electronic Funds Transfer) Donation Request

(Available to CANADIAN donors only)

Date request received: _____

NAME of donor (surname, first name) _____

MAILING ADDRESS _____

EMAIL ADDRESS _____ PHONE NO. _____

ICMS MINISTRY PROJECT designated for support: _____

OR

_____ ICMS administrative/operational support

DONATION AMOUNT being authorized: \$ _____

DONATION FREQUENCY _____ ONE time only on _____

OR MONTHLY on the 1st _____ OR on the 15th _____ of the month

beginning on: _____

Signature

PLEASE NOTE: For automatic debit donations we require a personal cheque marked VOID.

The requested electronic donation transaction(s) will be processed at the beginning or middle of (each) month. Thank you for your kind support of ICMS ministries.

For assistance or for more information on making donations,
email: office@icmsgo.com giving your name and phone number and our staff will contact you.

INTERNATIONAL CHRISTIAN MISSION SERVICES (ICMS)

PO Box 24, Stn A, Abbotsford, BC V2T 6Z4 Canada

PO Box 8000 PMB 698, Sumas, WA 98295 USA

Phone/Fax: 604-850-1817

For office use only

Processed on _____

Processed by _____