PRE-AUTHORIZED DONATIONS – CMJ CANADA

CMJ Canada is a non-profit society. Charitable status through ICMS #83464-6341-RC001. CMJ Canada complies with CRA guidelines for non-profits through our relationship with International Christian Mission Services (ICMS). ICMS has direction and control of the resources donated to ICMS on behalf of our ministry and holds us accountable for the work that we do. *ICMS will deduct payments according to your instructions on this form and provide a tax receipt at the end of the calendar year to the email address provided.*

Mail this form to ICMS: Box 24 Stn.A, Abbotsford, BC V2T 6Z4 or email to: office@icms.org. Questions? Call ICMS at 604-850-1817.

THANK YOU for your monthly or one-time contribution to CMJ Canada. Designate to one or both of the following:

☐ CMJ Canada – General   Donation amount CAD $ _____   ☐ Monthly   ☐ One-time

☐ CMJ Canada – Kanada House   Donation amount CAD $ _____   ☐ Monthly   ☐ One-time

☐ CMJ Canada – Melodie & Gavin Donation amount CAD $ _____   ☐ Monthly   ☐ One-time

☐ CMJ Canada – Crisis Response Donation amount CAD $ _____   ☐ Monthly   ☐ One-time

NAME (Surname, First Name): _____

ADDRESS: _____

_____

EMAIL ADDRESS: _____   PHONE: (_____)_____

To give via Pre-Authorized **Debit** (Electronic Funds Transfer – EFT) *(Canadian donors only),* please provide the following information:

*Attach a *void cheque* or your *Account Information Form* from your financial institution.

Donation amount: CAD $ _____

I authorize ICMS and their designated service provider to debit my account as per the following schedule:

☐ One-time donation only on the: ☐ 1st   or   ☐ 15th of the month of: _____

☐ Recurring monthly donation on the: ☐ 1st   or   ☐ 15th of the month, beginning on: _____

_____

Signature

OR

To give via Pre-Authorized **Credit Card**, please provide the following information or complete this on-line at cmjcanada.ca:

Donation amount: CAD $ _____

I authorize ICMS and their designated service provider to debit my account as per the following schedule:

☐ One-time donation only on _____

☐ Recurring monthly donation on the 20th of the month beginning in _____ (month & year)

☐ VISA   or   ☐ Mastercard

Card # ___ ___ ___ ___ - ___ ___ ___ ___ - ___ ___ ___ ___ - ___ ___ ___ ___   Expiry (mm/yy) __ __ / __ __   Verification # __ __ __

Name as it appears on credit card: _____

_____

Signature

For office use only:	
Processed on	_____
Processed by	_____