

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: _____

Street Address: _____

City: _____ Province: _____ Postal Code: _____

Phone Number: _____ Alternate Phone Number: _____

Email Address: _____

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: 1st of Month 15th of Month Month to start: _____

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: _____

Received via: Email Fax CanadaPost Interoffice mail