



2450 Milltower Court :: Mississauga :: ON :: L5N 5Z6 :: 905.542.7400

Pentecostal Assemblies of Canada - Donation Form

Name: _____

Mailing Address: _____

Postal Code: _____ Province / State: _____ Phone: (____) _____

Designated To: MINSSIONARY: Slater, Alan & Pauline PROJECT: WCVTC Guatemala

Option 1 – Automatic Deduction

I would like my donation deducted automatically from my bank account.

Enclosed is a void cheque and I authorize the PAOC to debit my bank account for \$ _____ per month from the account specified on the attached void cheque.

Amount (per month): \$ _____ Starting (Month): _____

Signature: _____ Date: _____

This authorization may be cancelled upon written notice.

Option 2 – Cheque

Enclosed is a cheque for \$ _____ as a one-time donation.

Enclosed are post-dated cheques in the amount of \$ _____ (each).

Please make cheques payable to: Pentecostal Assemblies of Canada

Option 3 – Credit Card

I would like to make a one-time donation of \$ _____

I authorize the PAOC to debit my credit card for \$ _____ per month starting _____. VISA MASTERCARD

Name: _____

Card Number _____ Expiry Date: _____

Signature: _____

This authorization may be cancelled upon written notice