

CATHOLIC CHARISMATIC RENEWAL SERVICES OF MANITOBA

MONTHLY DONOR PROGRAM

SIGN UP FORM

PLEASE COMPLETE ALL FIELDS



STEP 1: Please select one of the options below:

- THE "SUPPORTER" \$1/DAY = \$30/MONTH
- THE "PARTNER" \$2/DAY = \$60/MONTH
- THE "ADVOCATE" \$4/DAY = \$120/MONTH
- ANOTHER AMOUNT = \$ /MONTH

FOR ONE TIME ANNUAL DONATIONS PLEASE CALL THE OFFICE

STEP 2: Please enter your personal information (person/business who will receive tax receipt):

FIRST NAME: _____ LAST NAME: _____
 MAILING ADDRESS: _____
 CITY: _____ PROVINCE: _____ Postal Code: _____
 TELEPHONE #: (____) _____ - _____ EMAIL: _____

STEP 3: Please Complete the following Credit/Debit Card Authorization Form:

CARD TYPE: MasterCard VISA AMEX Other _____
 Cardholder Name (as shown on card): _____
 Card Number: _____
 EXP DATE _____ CVV: _____ Postal Code: _____
 WITHDRAWAL DATE (preferred): _____

I, (print name) _____, authorize CCRS OF MANITOBA to charge my credit/debit card above for the monthly donor program selected. I understand that my information will be saved to file for future transactions on my account.

Note: You may cancel this authorization at any time by contacting us. This authorization will remain in effect until revoked. Transactions will be securely processed through one of our trusted providers: Zeffy, Square Inc, etc

Customer Signature: _____ Date: _____

STEP 4: Please include your prayer intention needs:

THANK YOU FOR SUPPORTING YOUR RENEWAL

"And God is able to provide you with every blessing in abundance, so that by always having enough of everything, you may share abundantly in every good work." 2 Corinthians 9:8