



Great Commission Foundation Donation Form

PO Box 14006 Abbotsford, BC V2T 0B4
Phone: 1-855-488-7020 Fax: 855-829-5414

First Name: _____ Initial: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ ZIP Code: _____

Phone: _____ Mobile: _____ Work: _____

Email Address: _____

By Credit Card Visa MasterCard American Express Discover

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.

Signature: _____ Date: _____