



Recurring or One Time Donation Form

Donation Amount: _____

Donation Frequency: Donate Now Monthly Weekly

Specify recurring date if desired: _____

Method of Payment: Credit Card Debit

Card Holder Name: _____

Card Number: _____

Expiry Date: Month: _____ Year: _____

CVN (3 digit number on back of card): _____

Donor & Tax Receipt Information

First Name, Last Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Email: _____ Telephone: _____

Donate to the following fund: General Fund Building Fund Other

Specify if "Other": _____

Signature: _____ Date: _____

Please return this form to the office or email it to: office@whiterockbaptist.ca