



The Great Commission Foundation Donation Form

PO Box 14006, Abbotsford BC, V2T 0B4
Phone: 604-960-2595 Fax: 1-855-829-5414

Name: _____
First Name Middle Initial (Required for tax Receipt) Last Name

Street Address: _____

City: _____ Province: _____ Postal Code: _____

Phone Number: _____ Alternate Phone Number: _____

Email Address: _____

☐ **Check box to opt out of receiving an e-Receipt for eligible donations**

☐ **By Credit Card** ☐ Visa ☐ MasterCard ☐ American Express

Name as on Card: _____

Card Type: ☐ Personal ☐ Corporate

Name of Company if Corporate Card: _____

Credit Card Number: _____ CVV: _____ 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 preference: _____

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: _____