

Transforming Lives and Communities through encounter with Jesus Christ in Asia and the Arab world

Partner with us

We believe that

“God has called Interserve to facilitate the church to support and send people with vocational skills for wholistic ministry in Asia and the Arab world.”

We believe that

“Lives and communities will be transformed as they encounter Jesus Christ through those who serve”.

We believe that

“God will supply our needs as He raises ministry partners and supporters to fulfill His vision”.

Thank you for your partnership in reaching some of the hardest places in the world with God’s love.

How To Partner With Us

- 1) Fill out your personal information.
Your full name and address are needed for tax receipt purposes.
Indicate if you would like to receive updates or join a prayer group.
- 2) Decide how to designate your gift / support.
- 3) Choose a giving option.
Complete appropriate information to give through monthly credit card, monthly pre-authorized debit, by cheque or online.
- 4) **Print page 2 and send**, with void cheque if necessary to our address below.



OUR COMMITMENT TO YOU

We are committed to

- using your contributions wisely and faithfully.
- having independent audits of our financial statements.
- having an audit review committee that reports to the Board.
- carrying on our activities with the highest standards of integrity.
- a stewardship policy which affirms among many things, that no person receives a commission based upon gifts received by the ministry.
- Instituting programs that monitor the effectiveness and efficiency of our organizational activities.
- Respecting the privacy of the beneficiaries of our ministry

Giving Options

Online Gift

To give online through credit card, please visit www.canadahelps.org and enter “Interserve” in the search box. Follow advice thereon.

Cheque

You may choose to give as a one time gift or as post dated cheques for monthly or quarterly giving. Please write your cheque(s) payable to “**Interserve Canada**” and return them with this form.

Note: 1. Please enter in the memo line the project (person) you wish to support, if any.

2. Tax receipts will be issued to the name on the cheque as per Canada Revenue Agency regulations.

For more giving options please see next page



Interserve Canada is a member of the Canadian Council of Christian Charities.

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T: 416 499-7511 1 888 269 1311 F: 905 248 1208

Personal Information

1) Personal Information

Mr. Mrs. Ms.

First Name Initials Last Name

Address

City Province

Postal Code Telephone

Email

I would like Interserve updates by: Email Mail

I would like updates on the Interserve worker below by:

Email Mail

I would like to join to a prayer group: Yes No

2) Gift Designation

I would like to designate my gift to support the following:

Where most needed

Team Support

Project Support _____
Please indicate Interserve worker / project name

Other _____
Please specify

This donation is made on behalf of :

An Individual A Business

I would like to receive:

year-end tax receipt receipt against donation

More Giving Options

Monthly Gift by Pre-authorized Debit

I hereby authorize Interserve to withdraw regular, monthly donations from my bank account or other financial institution in the amount of:

Amount: \$ _____ A VOID cheque required. Please attach.

Monthly transfer date 1st OR 15th

Commencing on _____
Month / Year

1. I may revoke my authorization at anytime, subject to providing notice of 30 days. To obtain a simple cancelation form or for more information on my right to cancel a PAD (Pre-authorized Debit) Agreement, I may contact my financial institution or visit www.cdnpay.ca.

2. 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 www.cdnpays.ca.

3. For joint accounts, all depositors must sign if more than one signature is required on cheques issued against the account.

Date Signature

Gift by Credit Card

One Time Monthly

Amount: \$ _____ Mastercard Visa

Commencing on _____
Month / Year

_____/_____/_____/_____/_____/_____
Card Number Expiry Date (mm/yy)

Name as it appears on card

Date Signature

- Please allow one month to process a new form, change your current donation or cancel your donation.
- Please notify us of any bank information changes by mailing or faxing us a copy of cheque with updated banking information.
- Spending of funds is confined to Council approved programs and projects. Each restricted contribution designated towards a Council approved program or project will be used as designated, with the understanding that when the need for such a program or project has been met or cannot be completed for any reason determined by the board, the remaining restricted contributions designated for such program or project will be used where most needed.