

# Financial Partnership Form



## 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 to make Jesus known to the peoples of Asia and the Arab world.

We believe that lives and communities will be transformed as they encounter Jesus Christ through those who serve.

**Mail:** 10 Huntingdale Blvd.  
Scarborough, ON, M1W 2S5

**Phone:** 416-499-7511

**Toll Free:** 1-888-269-1311

**Website:** [www.interservecanada.org](http://www.interservecanada.org)

**Email:** [donor@interservecanada.org](mailto:donor@interservecanada.org)

We would not be able to continue this good work without your generosity, support, and faithful prayer!

## Partner with us in 4 steps

1

### Fill out your information

Complete the form on the second page. Full name and address are needed for tax receipt purposes.

Indicate the ways we can help!

2

### Choose a giving option

Cash\*, Cheque\*, Credit Card\*, Pre-Authorized Debit\*, or e-Transfer.

Complete necessary information.

3

### Designate your gift

Specify the ministry project, ministry worker, and/or area you want to direct your support to.

You may also choose: "Area in most need"

4

### \*Print and mail

(Include void cheque if necessary) and send to:

**Interserve Canada**  
10 Huntingdale Blvd.  
Scarborough, ON, M1W 2S5  
or e-mail us.

## Commitment to privacy and clarity

All personal and financial information will be used and stored in accordance with our Privacy Policy.

- I may revoke my authorization at anytime, subject to providing 30 days' notice.
- Allow 1 month to process a new form, change your current donation or cancel your donation.
- I am aware that I have certain recourse rights if any debit does not comply with this agreement. For more information, contact financial institution or visit [www.payments.ca](http://www.payments.ca)
- Spending of funds is confined to board approved programs and projects. Each restricted contribution designated towards a board 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 programs or projects will be used where most needed.



**Canadian Centre for  
Christian Charities**

**ACCREDITED MEMBER**

**Interserve Canada's** programs, projects, and services are supported by our Canadian donors. Interserve Canada is a member of the Canadian Centre for Christian Charities (CCCC).

Registered Charity number:  
**10679 9349 RR 0001**

## Contact Information

Title:  Mr.  Mrs.  Miss  Ms.  Dr.

Donation on behalf of:  Individual  A Business

First Name:

Last Name:

Company Name / Group: (if applicable)

Email Address:

Address:

Phone:

City:

Province:

Postal:

## YES, I want to be a part of the ministry by giving!

Donation Amount:

- A monthly donation.  
 A one-time donation.

Send Annual Consolidated Tax-Receipt:

- By Post.  By Email

I want to designate my gift toward:

- |  |    |                      |
|--|----|----------------------|
| <input type="checkbox"/> Ministry Worker(s): | \$ | <input type="text"/> |
| <input type="checkbox"/> Project Support:    | \$ | <input type="text"/> |
| <input type="checkbox"/> Core Ministry Fund: | \$ | <input type="text"/> |
| <input type="checkbox"/> Area In Most Need:  | \$ | <input type="text"/> |

Check all that apply:

- Contact me about including Interserve in my will.  
 I want to receive news from Interserve by email.  
 I want to receive monthly Prayer Updates by email.  
 I want to join/start an Interserve Prayer Group.  
 I am interested in serving cross-culturally.

<b>PRE-AUTHORIZED DEBIT (VOID Cheque Required)</b>	<b>CREDIT CARD</b>
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- I hereby authorize Interserve Canada to withdraw regular donations from my bank account or other financial institution in the amount listed above.

Month Transfer Date:  15th  25th

Commencing on Date (DD/MM/YY):

Signature:

- I hereby authorize Interserve Canada to withdraw regular donations from my bank account or other financial institution in the amount listed above.

Visa  Mastercard

Name on Card:

Card Number:

Expiry:

Commencing (20th of MM):

Signature:

<b>CHEQUE (Payable to 'Interserve Canada', address on Pg.1)</b>	<b>E-TRANSFER</b>
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Send as one-time gift or post-dated cheques. Tax receipts issued to name on the cheque as per CRA regulations.

Send electronic money transfer to  
**donor@interservecanada.org**