# 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 in 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

Email: 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



#### Fill out your information

Full name and address are needed for tax receipt purposes.

Indicate the ways we can help!



#### Choose a giving option

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

Complete necessary information.



#### Designate your gift

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



#### \*Print and mail

(Include void cheque if necessary) to:

Interserve Canada 10 Huntingdale Blvd. Scarborough, ON M1W 2S5

## 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.

CARD NUMBER

☐ Contact me about including Interserve

in my will.

- 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
- 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.



# **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).

Online: interservecanada.org/donate

e-Transfer: donor@interservecanada.org

Registered Charity number: 10679 9349 RR 0001

DETACH HERE

Give an eternal gift.	YES, I would like to be part of the ministry by giving:			I want to designate my gift toward:	
	□ Regular financial support	\$	□ Monthly	□ Area in most need	\$
CONTACT INFO	□ A one-time donation □ \$100 □ \$500 □ \$1000 or other:			□ Core Ministry Fund	\$
CONTACT INFO  TILE:   Mr.   Mrs.   Miss.   Ms.   Dr.	Please send my receipt/s:	Annually by:	□ Email or □ Post	-	
<b>TITLE:</b> □ Mr. □ Mrs. □ Miss. □ Ms. □ Dr. <b>NAME:</b>	☐ PRE-AUTHORIZED DEBIT: VOID	cheque required	. Please attach and send.	NAME	\$
ADDRESS:	☐ I hereby authorize Interserve Canada to withdraw regular donations from my bank account or other financial institution in the amount listed above.			□ Interserve Ministry Worker(s) (Specify):	
	Commencing on date (Month/Year):	:	Month transfer date: □ 1st or □ 15th	NAME	\$
POSTAL: PHONE:	Date (DD/MM/YY):	Signature:		NAME	\$
MAIL:	□ CHEQUE: Please make payable t	o 'Interserve Can	ada' (as one-time gift or post dated cheques)	NAME	\$
□ I want to receive newsletters/updates by email	Memo line should include the ministry program you wish to support, if any.  Tax receipts issued to name on the cheque as per Canada Revenue Agency regulations.			Check boxes above to receive newsletters fro Interserve Ministry Worker(s) you've specified  Donation on behalf of:   Individual  A Business	
$\square$ I want to receive prayer requests by email.	□ CREDIT CARD:	□ Visa □ Mast	ercard		
$\square$ I want to join/start an Interserve prayer group				Other ways to donate:	
☐ I am interested in serving cross-culturally.	NAME ON CARD		SIGNATURE	Phone: 1.888.269.1311	

EXPIRY DATE (MM/YY)