Logo

SHOWERS OF BLESSING EVANGELISTIC MINISTRY

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **奉獻表格** | | | | | | | | | | | | |
| **一次過奉獻**： | | | | | | | | | | | | |
|  | | 奉獻數目 | | $ | | | | | | | | |
| **每月奉獻**： | | | | | | | | | | | | |
|  | | 每月奉獻數目 | | $ | | | | | | | | |
| 每月奉獻開始日期 | | 年 月 | | | | | | | | |
| **奉獻方法**： | | | | | | | | | | | | |
|  | **支票** | | | | | | | | | | | |
|  | **信用卡** | | | | | | | | | | | |
|  |  | | 信用卡類型 |  Amex  Visa  Master | | | | | | | | |
| 信用卡號碼 |  | | | | | | | | |
| 信用卡期滿日期 | (月) (年) | | | | | | | | |
| 持卡人姓名 |  | | | | | | | | |
| 簽署 |  | | | | | | 日期 |  | |
|  | **每月銀行自動 轉 帳** (請連同一張 “VOID” 支票交回)  本人授權「恩雨之聲」在本人銀行戶口每月自動轉帳指定金額。此項授權協議將會持續至本人通知取消為止，並在合理時間內作出通知，以便「恩雨之聲」及銀行辦理所需手續。  簽署： | | | | | | | | | | | |
| **奉獻者資料**： | | | | | | | | | | | | |
|  | 姓氐 | |  | | 名字 | |  | | | | | |
| 地址 | |  | | | | | | | | | |
| 城市 | |  | | 省 |  | | | 郵區號碼 | | |  |
| 國家 | |  | | | | | | | | | |
| 聯絡電話 | |  | | 傳真號碼 | | |  | | | | |
| 電郵地址 | |  | | | | | | | | | |

Head Office: 3410 Midland Avenue, Unit 9, Scarborough, Ontario Canada M1V 4V5

Tel: (416) 321-9288 Fax: (416) 321-1634 1-800-352-0053 Website: www.sobem.org Email: [info@sobem.org](mailto:info@sobem.org)

Logo

SHOWERS OF BLESSING EVANGELISTIC MINISTRY

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Donation Form** | | | | | | | | | |
| **One Time Donation**： | | | | | | | | | |
|  | | Donation Amount | | $ | | | | | |
| **Monthly Donation**： | | | | | | | | | |
|  | | Monthly Donation Amount | | $ | | | | | |
| Start Date | | Year Month | | | | | |
| **Methods of Donation**： | | | | | | | | | |
|  | **By Cheque (**please made payable to “SOBEM”**)** | | | | | | | | |
|  | **By Credit Card** | | | | | | | | |
|  |  | |  Amex  Visa  Master | | | | | | |
| Credit Card No. |  | | | | | |
| Expiry Date | (Month) (Year) | | | | | |
| Name of card holder |  | | | | | |
| Signature |  | | Date | |  | |
|  | **Pre-authorized Payment**-Monthly (please return with a ‘VOID’ cheque)  I authorize SOBEM to withdraw the designated amount from my financial institution each month. This authorization remains in effect until SOBEM receive notification from me of its termination in such time and manner as to afford SOBEM and my financial institution a reasonable opportunity to act on it.  Signature: | | | | | | | | |
| **Donor Information**： | | | | | | | | | |
|  | Last Name | |  | First Name |  | | | | |
| Address | |  | | | | | | |
| City | |  | Province |  | | Postal Code | |  |
| Country | |  | | | | | | |
| Telephone | |  | Fax no. |  | | | | |
| Email | |  | | | | | | |

Head Office: 3410 Midland Avenue, Unit 9, Scarborough, Ontario Canada M1V 4V5

Tel: (416) 321-9288 Fax: (416) 321-1634 1-800-352-0053 Website: www.sobem.org Email: info@sobem.org