



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 interact e-transfer				
	By Credit Card				
	Amex	Visa	Master		
	Credit Card No.				
	Expiry Date	(Month)	(Year)		
	Name of card holder				
	Signature		Date		
	<p>Pre-authorized Monthly Payment (please return with a 'VOID' cheque)</p> <p><input type="checkbox"/> 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.</p> <p>Signature: </p>				
Donor Information :					
	Last Name		First Name		
	Address				
	City		Province	Postal Code	
	Country				
	Telephone		Email		