



Donor Name \_\_\_\_\_

Donor Mailing Address \_\_\_\_\_

City: \_\_\_\_\_ Postal Code \_\_\_\_\_

Donor Email Address \_\_\_\_\_ Donor Phone Number \_\_\_\_\_

**Option 1  
Automatic Deduction**

I would like my donation automatically deducted from my bank account. Enclosed is a void cheque and I authorize the PAOC to debit my bank account for \$ \_\_\_\_\_ per month for the amount specified on the attached void cheque.

Amount \$ \_\_\_\_\_ (per month) Starting Month \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This authorization may be cancelled upon written notice.

**Option 2  
Cheque**

Enclosed is a cheque for \$ \_\_\_\_\_ as a one time donation.

Enclosed are post-dated cheques in the amount of \$ \_\_\_\_\_

***Please make cheques payable to the Pentecostal Assemblies of Canada***

**Option 3  
Credit Card**

I would like to make a one-time donation of \$ \_\_\_\_\_

I authorize the PAOC to debit my credit card for \$ \_\_\_\_\_ per month starting \_\_\_\_\_

Visa                       Mastercard

Name on Card \_\_\_\_\_

Card Number \_\_\_\_\_

Expiry Date \_\_\_\_\_

Signature \_\_\_\_\_

**Please mail to: PAOC 2450 Milltower Court Mississauga, Ontario L5N 5Z6 : Clearly state the Missionary you are supporting**