



Choose Life Ministry Donation Form 2023

Name (required): _____

Address (required): _____

Phone #: _____

Email: _____

I would like my monthly payment taken on:

1st of the month 15th of the month

A void cheque is attached

OR

Charge my Credit Card*

Card # _____

Expiry _____ / _____ CVC# _____

Name on Card: _____

*An email address is required for Credit Card Donations.

I hereby authorize Choose Life Ministry Inc. to withdraw the aforementioned donation from my credit card or chequing account. I understand that any unprocessed donations may be cancelled at any time by contacting the office.

Signature: _____

Date: _____

Here's my one-time gift to help:

\$50 \$75 \$100 Other \$ _____

OR

Here is my monthly gift to help:

\$50 \$100 \$200 Other \$ _____

Optional Note: _____

Thank You for making a difference in the lives of young women!

Mail to: Choose Life Ministry PO. Box 426 Carnduff, SK S0C 0S0

Donations of \$20 or more are Tax Deductible.

Tax receipts are issued annually in accordance with CRA regulations. Charity #812729101 RR 0001