

Gate 3:16 Support Information

Name(s):.....

Address:.....

Postal Code:.....

Phone:.....

We wish to donate monthly

We wish to use the P.A.D Plan

Enclosed is our one-time donation

PRE-AUTHORIZED DONATION Plan

Please fill out the entire form if you wish to use the P.A.D Plan

Bank Name:.....

Branch Address:.....

Postal Code:.....

Account Number
and type:.....

I authorize Gate 3:16 Outreach Centre to withdraw from my account on the 1st day of every month beginning with the month of the amount of \$

Please sign below as you would your regular cheque. Please include a VOID cheque made payable to:-

· Gate 3:16 Outreach Centre

Signature:.....

Signature:.....

Today's Date:.....