



Simplify your giving by authorizing automatic deductions of gifts from your bank or credit card (MasterCard or Visa) account. You can maintain control by making changes or cancellations at any time by contacting our office via the information below.

**Personal Information**

Name \_\_\_\_\_ Address \_\_\_\_\_ City/Province \_\_\_\_\_ PC \_\_\_\_\_  
Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**Authorization (Complete selected box)**

**Pre-Authorized Giving Plan (PAP)**  
a)  C/Card: \_\_\_\_\_ Exp. \_\_\_\_/\_\_\_\_  
Name on Card: \_\_\_\_\_  
b)  Bank: **Please mail in a voided cheque**  
Commence PAP in the month of \_\_\_\_\_  
 **Card**  1<sup>st</sup>  15<sup>th</sup>  25<sup>th</sup>  **Bank**  3<sup>rd</sup>  18<sup>th</sup>

**One-time Contribution**  
a)  Credit Card:  
\_\_\_\_\_ Exp. \_\_\_\_/\_\_\_\_  
Name on Credit Card: \_\_\_\_\_  
b)  Cheque: **Please make cheque payable to World Team**

**Contribution**

Please use my contribution for the support of:

1. \_\_\_\_\_ \$ \_\_\_\_\_ 4. \_\_\_\_\_ \$ \_\_\_\_\_  
2. \_\_\_\_\_ \$ \_\_\_\_\_ 5. \_\_\_\_\_ \$ \_\_\_\_\_  
3. \_\_\_\_\_ \$ \_\_\_\_\_ 6. \_\_\_\_\_ \$ \_\_\_\_\_

Authorization date: \_\_\_\_\_ Signature(s): 1 \_\_\_\_\_ 2 \_\_\_\_\_

Gifts toward the ministry of World Team are acknowledged and receipted with an **official receipt for income tax purposes**. Spending of the funds is confined to Board approved programs, including remuneration of personnel and ministry expenses. Each gift designated toward an approved program will be used with the understanding that when a given need has been met these designated funds will be directed where most needed.

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