



Andrew Wommack Ministries Canada

Grace Partnership – Credit Card Form

I want to support ANDREW WOMMACK MINISTRIES CANADA through automatic monthly donations.

Please charge my credit card: \$ _____ on the 1st 15th of each month
(minimum amount: \$5.00) (check one or both)

Start Date: _____ 1st 15th _____
(month) (check only one) (year)

Your gift will be automatically charged to your credit card on the on the day(s) specified above or the next business day.

Donor Name: _____
Please include First and Last Name, or Name of Business/Organization

Address: _____

City/Town: _____

Province: _____

Postal Code: _____

E-mail: _____

Telephone: _____

Receipt Preference: Year-End Monthly None

Upon completion, please return this form to the Canadian office of AWM:

1. Fax to **647-348-2220**
2. Mail to:

**AWM Canada
PO Box 80010
Toronto ON M2J 0A1**

If sending by mail, please allow 10 business days for the initial processing of your request.

***You may also set up an automatic monthly Grace Partnership online.
Visit www.awmc.ca.***

The office of Andrew Wommack Ministries Canada (AWMC) keeps your personal information STRICTLY PRIVATE AND CONFIDENTIAL. Donations are tax-deductible in accordance with Canada Revenue Agency (CRA) regulations. This authorization is to remain in effect until AWMC has received notification from you of its termination in such time and in such manner as to afford AWMC a reasonable opportunity to act on it.

CREDIT CARD PAYMENT INFORMATION

Name as It Appears on Card: _____

Credit Card #: _____

Expiration Date: ____/____ MasterCard VISA Credit/Debit

Signature of Cardholder: _____

Date Form Signed by Cardholder: _____