

PRE-AUTHORIZED DONATIONS – KANATA HOUSE

KANATA HOUSE is a non-profit society. Charitable status through ICMS #83464-6341-RC001. KANATA HOUSE complies with CRA guidelines for non-profits through our relationship with International Christian Mission Services (ICMS). ICMS has direction and control of the resources donated to ICMS on behalf of our ministry and holds us accountable for the work that we do. *ICMS will deduct payments according to your instructions on this form and provide a tax receipt at the end of the calendar year to the email address provided.*

Mail this form to ICMS: Box 24 Stn.A, Abbotsford, BC V2T 6Z4 or email to: office@icms.org. Questions? Call ICMS at 604-850-1817.

THANK YOU for your monthly or one-time contribution to KANATA HOUSE. Designate to one or both of the following:

☐ KANATA HOUSE – General Donation amount CAD \$ _____ ☐ Monthly ☐ One-time

☐ KANATA HOUSE – Melodie & Gavin Donation amount CAD \$ _____ ☐ Monthly ☐ One-time

NAME (Surname, First Name): _____

ADDRESS: _____

EMAIL ADDRESS: _____ PHONE: (_____) _____

To give via Pre-Authorized **Debit** (Electronic Funds Transfer – EFT) (*Canadian donors only*), please provide the following information:

*Attach a *void cheque* or your *Account Information Form* from your financial institution.

Donation amount: CAD \$ _____

I authorize ICMS and their designated service provider to debit my account as per the following schedule:

☐ One-time donation only on the: ☐ 1st or ☐ 15th of the month of: _____

☐ Recurring monthly donation on the: ☐ 1st or ☐ 15th of the month, beginning on: _____

Signature

OR

To give via Pre-Authorized **Credit Card**, please provide the following information or complete this on-line at kanatahouse.org:

Donation amount: CAD \$ _____

I authorize ICMS and their designated service provider to debit my account as per the following schedule:

☐ One-time donation only on _____

☐ Recurring monthly donation on the 20th of the month beginning in _____ (month & year)

☐ VISA or ☐ Mastercard

Card # _____ - _____ - _____ - _____ Expiry (mm/yy) ____ / ____ Verification # _____

Name as it appears on credit card: _____

Signature

For office use only:

Processed on _____

Processed by _____