

West Island Mission Financial Support Form

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone (_____) _____ - _____ e-mail: _____

Please use my contribution for the following:

- General Operations.
- Easter (Spring), Back-to-School, or Christmas Baskets.

Preferred payment options:

I / We will make a one-time contribution of: \$ _____
Suggested giving \$50.00 ~ \$100.00 ~ \$300.00 ~ \$500.00 ~ Other: _____

I / We will make monthly contributions of: \$ _____
*Please make cheque or post-dated cheques payable to West Island Mission.
Cash donations are also acceptable.*

I / We will make pre-authorized contributions of: \$ _____
*I / We hereby authorize West Island Mission to draw from
my / our chequing account each month on the date indicated below.
Both dates can be checked off if you would like your pledge debited twice a month.*

1st 16th

Please include a blank cheque marked "VOID".

For a joint account requiring multiple signatures, all signatures are required.

This authorization may be cancelled at any time by written notice.

Bank Name: _____

Address: _____

Province: _____ Postal Code: _____

Bank #: _____ Transit #: _____ Account #: _____

Start Date: _____

Date: _____

Signature: _____