

# Donation Form

FEBInternational  
Suite 100, 679 Southgate Dr.  
Guelph, ON N1G 4S2  
E-mail: international@fellowship.ca



Please print.

## PERSONAL INFORMATION

(as you wish it to appear on tax receipt)

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Province/State: \_\_\_\_\_  
Postal Code/Zip Code: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_  
E-mail: \_\_\_\_\_

## DONATION INFORMATION

To make donations to specific missionaries, indicate their name on the line provided and the amount you wish to donate. To donate to projects (i.e. FAIR) indicate the project name on the line provided and the amount you wish to donate.

|                                |                  |
|--------------------------------|------------------|
| Missionary Name/Project: _____ | Amount: \$ _____ |
| Missionary Name/Project: _____ | Amount: \$ _____ |
| Missionary Name/Project: _____ | Amount: \$ _____ |
|                                | Total: \$ _____  |

## PAYMENT OPTIONS

Enclosed is my cheque for \$ \_\_\_\_\_ to be credited as indicated above.

Please charge my credit card for the total listed above:

VISA  MasterCard

Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Name on card: \_\_\_\_\_

Signature of card holder: \_\_\_\_\_

This is a:

one time donation.

monthly donation. [Please debit my credit card each month for the amount listed above: yes no]

## OTHER

I am interested in being a regular donor.

Please send me tax receipt at the end of the year. [If not selected, receipts will be issued shortly after gift is received.]

After completing this form, please mail along with your cheque or money order to:

FEBInternational  
Suite 100, 679 Southgate Dr., Guelph, ON N1G 4S2  
(519) 821-4830 Ext. #228