

Return this form with a voided cheque to:

Calvary Temple
400 Hargrave Street
Winnipeg, MB R3B 3A8

If you would like more information
about our work or giving opportuni-
ties you can reach us at:

Toll Free: - 1-866-889-3948

Winnipeg: 1-204-943-4551

Fax: - 1-204-943-6720

Email: ct@ctwinnipeg.com

Web Site: www.ctwinnipeg.com

Calvary Temple

Is a registered charity and a member of the
Canadian Council of Christian Churches (CCCC)
and the Evangelical Fellowship of Canada (EFC)

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The Community of

CALVARY TEMPLE

BUILDING FAMILY BUILDING PEOPLE BUILDING BRIDGES



Calvary Temple

**PRE-AUTHORIZED
PAYMENTS**

Diligently **CARING** for each other as we build family
Intentionally **PREPARING** people for ministry and service
Actively **SHARING** the gospel of Jesus Christ with all people

Pre-Authorized Gifts to Calvary Temple

Follow these three easy steps to start your pre-authorized gift:

1. Complete the attached Pre-Authorized Donation Form
2. Write "void" across one of your cheques and attach it to the completed form.
3. Mail the form and cheque to:



**Calvary Temple
Accountant
400 Hargrave Street
Winnipeg, MB R3B 3A8**

You may change or cancel your pre-authorized donation at any time by calling or writing.

You will receive a tax deductible receipt for your donations shortly after the end of the year.

Pre-Authorized Donation Form

I authorize Calvary Temple, Winnipeg, Canada to arrange automatic deductions from my account for my support gift.

Total gift amount: \$ _____

Ministry designation:

_____ \$ _____

_____ \$ _____

_____ \$ _____

Please withdraw the above amount from my account on the (please check)

- 1st of each month
 15th of each month

Beginning _____ (month/year)

Financial Institution: _____

Account #: _____



I acknowledge that this authorization is provided for my benefit and that of my financial institution and is provided in consideration of my financial institution agreeing to process debits against my account in accordance with the rules of Canadian Payments Association.

I warrant and guarantee that all persons whose signatures are required to sign on this account have signed this agreement below.

This authorization may be cancelled at any time upon notice being provided to Calvary Temple either in writing or orally with proper authorization to verify my identity.

Name: _____

Address: _____

City: _____

Province & Code: _____

Home Phone: _____

Signature _____ Date _____

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Thank you for becoming a regular supporter of Calvary Temple.