



# GCF

THE GREAT COMMISSION  
FOUNDATION

## The Great Commission Foundation Donation Form

PO Box 14006, Abbotsford BC, V2T 0B4  
Phone: 604-960-2595 Fax: 1-855-829-5414

Name: \_\_\_\_\_  
*First Name Middle Initial (Required for tax Receipt) Last Name*

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Check box to opt out of receiving an e-Receipt for eligible donations**

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**By Credit Card**  Visa  MasterCard  American Express

Name as on Card: \_\_\_\_\_

Card Type:  Personal  Corporate

Name of Company if Corporate Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_/\_\_\_\_

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**By Pre-Authorized Debit:**

For all pre-authorized debit contributions

**A VOID CHEQUE MUST BE ATTACHED.**

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Donation Amount: \$ \_\_\_\_\_ **Frequency:**  Monthly  One-Time Gift

Donation Timing:  1<sup>st</sup> of Month  15<sup>th</sup> of Month Month to start: \_\_\_\_\_

Missionary or Project Designation: [Agape International Missions # 716](#)

I authorize the above donation to The Great Commission Foundation as specified above. I understand that I may revoke this authorization at any time, subject to providing 30 days' notice in writing or by phone. I have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit [cdnpay.ca](http://cdnpay.ca).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_