

# YES! I WANT TO PARTNER WITH ALPHA.



## Alpha Ministries Canada

#101 – 26 Fourth Street  
New Westminster, BC | V3L 5M4  
1.800.743.0899

[alphacanada.org/give](http://alphacanada.org/give)

### GIFT AMOUNT:

\$25  \$50  \$100  \$250  \$400  \$500 Other: .....

### GIFT TYPE:

**One-time**  **Monthly**  1<sup>st</sup> of each month  15<sup>th</sup> of each month

### PAYMENT METHOD:

**Credit Card**  Visa  Mastercard

Card Number: .....

Expiry: ..... / ..... CVC: .....

Name on card: .....  
First Middle Last

Signature: ..... Date: .....

**Cheque** (one-time gift only)

Please mail your cheque in the enclosed envelope.

**Direct Withdrawal** (monthly only)

I give my bank or institution permission to transfer the sum indicated above from my account each month to Alpha Ministries Canada. I have enclosed a cheque for the first month, plus a void cheque.

An income tax-deductible receipt will be issued by Alpha Ministries Canada for gifts of \$20 or more. Charitable Registration No. 87260 6157 RR0001

**Please fill out both sides**

**PLEASE TAKE A MOMENT TO COMPLETE THIS FORM. ALL INFO IS STRICTLY CONFIDENTIAL.**

Title: \_\_\_\_\_ Name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ Prov.: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Would you like to receive Alpha's regular email updates?**

Yes (If you haven't already done so, please provide your email address.)

No, thanks

**Legacy Giving**

Please send me information about leaving a gift to Alpha Canada in my will.



**Please fill out both sides**